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Commonwealth of Massachusetts
Department of Public Welfare

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The Honorable Michael S. Dukakis, Governor of Massachusetts
Alexander E. Sharp, Commissioner, Department of Public Welfare

A D D E N D U M

Due to an oversight, one member of the Executive Staff was omitted on page ii. Please make a pen and ink addition as follows:

Associate Commissioner
Field Operations

Robert S. Cassidy



Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC WELFARE

1978 ANNUAL REPORT

* * *

Alexander E. Sharp, II

Commissioner

* * *

600 Washington Street

Boston, Massachusetts 02111



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A NOTE OF THANKS . . .

TO ALL THE PEOPLE AT PRINTING AND SUPPLY

WHOSE WORK HAS ALWAYS MADE

A LASTING IMPRESSION.

THE EDITOR

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Chapter One

DEPARTMENT STRUCTURE

I. OVERVIEW

The Commonwealth of Massachusetts officially assumed administrative and financial responsibility for a centralized state welfare system on July 1, 1968, with the enactment of Chapter 658 of the Acts of 1967. Prior to state takeover, the Department of Public Welfare had consisted of Central Office and seven districts, which provided supervision for 273 semi-autonomous Boards of Public Welfare administered by individual cities and towns.

The state-administered structure is three-tiered, consisting of a Central Office, six Regional Offices, sixty-two local Welfare Service Offices (WSO's), and thirty-eight Community Service Area Offices (CSAO's).

II. CENTRAL OFFICE

The Central Office is responsible for the planning, development and implementation of Department programs and policy. Within the Central Office structure are the Offices of the Commissioner, the Deputy Commissioner, the Associate Commissioner for Field Operations, the Associate Commissioner for Finance and Administration, the Associate Commissioner for Legal Affairs, and the Assistant Commissioners for Assistance Payments, Social Services, Medical Assistance, Budget, and Research and Planning.

Office of the Commissioner

The directors of each of the units listed above report directly to the Commissioner of Public Welfare. In addition, the Commissioner's immediate staff includes an Executive Assistant, the Assistant for State House Services and the State Advisory Board Liaison. The Office of Legal Affairs, consisting of the Legal Division, the Legislative Division, and the Regulations Division, is included in the Office of the Commissioner. The Director of the Public Information Office also reports to the Commissioner.

Office of the Deputy Commissioner

The Deputy Commissioner is responsible for a wide range of special projects which deal with the implementation of the Department's policies and practices. The Deputy acts on behalf of the Commissioner in the latter's absence. Those unit heads who report directly to the Deputy Commissioner include the Director of the Division of Hearings, the Supervisor of Inquiries and Referrals, and the Director

of the Budget.

III. REGIONAL OFFICES

The six regional offices are each headed by a Regional Manager who is responsible for monitoring, supervising and managing the local offices. The six Regional Managers report directly to the Associate Commissioner for Field Operations. Each Regional Manager is assisted by a staff of Associate Managers in the three areas of Administration, Social Services and Assistance Payments.

IV. LOCAL OFFICES

Until September 5, 1974 all local welfare offices provided cash assistance, social services and medical assistance to clients, and an individual social worker was responsible for meeting both the financial assistance and social service needs of his/her clients.

On September 5, 1974, the functions of providing social services and financial assistance were administratively separated and social workers became responsible for providing either services or financial assistance and medical assistance. Approximately 65% of the social worker staff were assigned to Assistance Payments, while 35% were made responsible for the provision of Social Services to welfare clients.

This separation of responsibilities evolved into a plan for delivering services on an area basis, through Community Service Areas, - smaller than the regions but encompassing several WSO's. At present, there are thirty-eight Community Service Areas (CSAs) in Massachusetts.

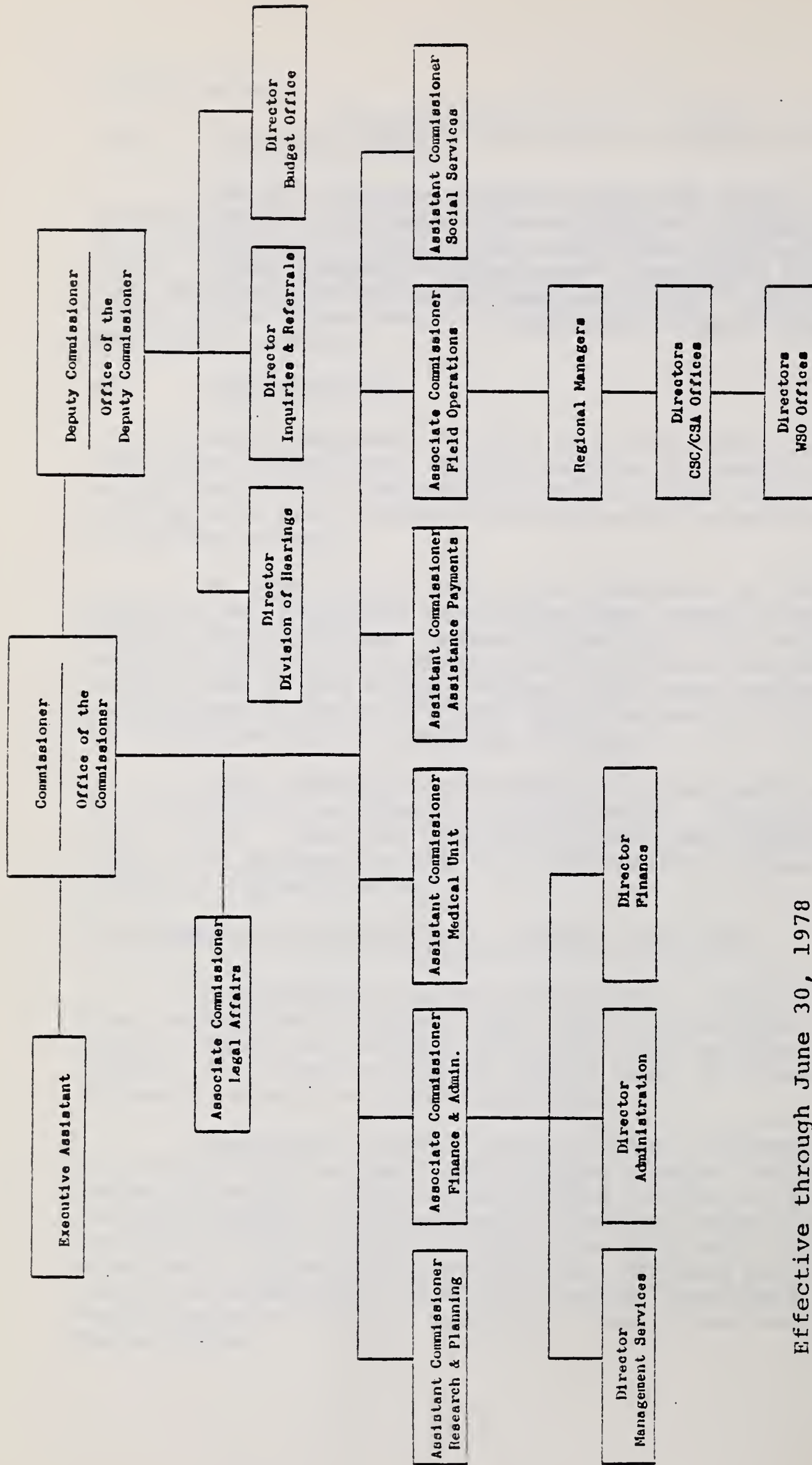
The Community Service Area: (Social Services)

The Community Service Area: (CSA) concept was instituted with separation to assure more efficient delivery of Social Services. Under the current structure, each of the thirty-eight CSAs has at least one office (CSAO) which provides Assistance Payments as well as Social Services.

The Social Service staff includes Information-Referral-Follow-up (IRF) workers, who provide general information and referral services to the community and respond to the requests of eligible people for Department services; Generalist Social Workers, Specialist Social Workers (including WIN, MRC, Inflicted Injury, Adoption), and Resource Mobilization Workers who develop new resources and mobilize existing community resources. CSA Office staff includes clerical personnel, case aides and Social Service Technicians.

The Welfare Service Office: (Assistance Payments)

There are sixty-two local Welfare Service Offices (WSO's) in Massachusetts, which provide Assistance Payments, Food Stamps, and Medical Assistance to clients. The WSO is administered by a Director. Assistance Payments staff perform two functions: Intake workers determine eligibility, and Ongoing workers maintain AP cases.



Effective through June 30, 1978

Chapter Two

OFFICE OF ASSISTANCE PAYMENTS

I. OVERVIEW

The Office of Assistance Payments consists of two major components:

Program analysis which is the development and promulgation of official policy on eligibility and benefit levels in Aid to Families with Dependent Children (AFDC), General Relief (GR), Supplemental Security Income (SSI), Medical Assistance (MA) Food Stamps and the Refugee programs; and

Operations which establishes and revises procedures and monitors the effectiveness, efficiency and conformity with Federal and State regulations of the above programs at the operational (field) level.

In addition, the Quality Control system, the enumeration project and the Individual and Family Grant Program, a disaster relief program made necessary by the blizzard of February 6, 1978, are included in the Office of Assistance Payments. As of June, 1978, there were ninety-seven persons employed by the Office of Assistance Payments; most of these are quality control staff located statewide.

II. AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)

AFDC provides basic support funds through semi-monthly cash grants to dependent children and the parent responsible for them if the family cannot support itself. A dependent child is one who has been deprived of parental support or care by reason of the death, continued absence from the home or physical or mental incapacity of either parent. Under the Unemployed Father component of the program (recently expanded into an Unemployed Parent program), needy families may also qualify for assistance because of the unemployment of the father (defined as under 100 hours a month of work-related employment).

Financial need is determined by comparing a family's gross income less expenses to the monthly benefit level provided for a family of that size. For instance, in June 1978, a family of three (mother and two children) is eligible if their monthly net income does not exceed \$337.40 a month (\$4,049 annually). Besides direct payments, all AFDC families are eligible for medical assistance, food stamps, social services and emergency assistance.

In June 1978, 121,727 families were receiving cash grants averaging \$318.48 a month. The average monthly caseload in FY'78 was 120,270, compared to 116,440 in FY'77. During this period, however, the total number of recipients fell from 377,000 to 373,000, due to a decline in family size.

The Aid to Families with Dependent Children - Unemployed Parents (AFDC-UP) caseload increased by 5% from 5,718 cases during FY'78.

III. GENERAL RELIEF (GR)

General Relief is a state-funded program intended to serve the non-employable individuals in the community who are not eligible for any federally-subsidized cash program. The caseload totaled 20,000 cases on June 30, 1978, a decrease of 1,468 cases since the previous fiscal year.

General Relief provides cash and medical assistance for two groups of persons who do not qualify for federally-reimbursed programs: individuals who are non-employable and certain families with children, whether or not the parents are employable. Non-employable single persons constitute the overwhelming majority (97%) of the General Relief caseload. There are few families receiving GR, since if a member of the family works, it is likely that the family's income exceeds the \$3,800 cut-off for a GR family of four. If no member is working, the family is generally eligible for AFDC-UP.

General Relief recipients are generally concentrated in large urban areas. Boston, for example, contributes 35% of the GR caseload. The average monthly grant of a GR recipient in FY'78 was \$160 (\$1,820 annually).

At present, in addition to direct cash payments, GR recipients are eligible for food stamps and medical assistance (not including institutional care).

IV. SUPPLEMENTAL SECURITY INCOME (SSI)

SSI-Aged serves those members of the community who are 65 or over, and who meet the federal needs standards. SSI-Disabled serves those individuals under age 65 who meet both the federal disability and needs standards.

This program, the successor to the state administered Old Age Assistance (OAA), and Disability Assistance (DA) grant-in-aid programs, is federally administered subject to complex funds formulae. At the end of FY'78, the SSI caseload in Massachusetts increased by 1,794 cases, to a total of 130,541.

V. MEDICAL ASSISTANCE (MA)

Medical Assistance (MA) caseloads in the various sub-categories MA-OAA, MA-DA, MA-AFDC and MA-Under 21 decreased 2,348 cases during the fiscal year from 81,044 to 87,696 cases. The caseload actually increased among all programs except in MA-Under 21, in which showed a dramatic decrease of 3,874 cases.

VI. THE FOOD STAMP PROGRAM

The Food Stamp Program is an assistance program administered by the Commonwealth of Massachusetts and funded by the U.S. Department of Agriculture. Administrative costs are split equally between the state and USDA; USDA totally funds the cost of the stamps. The Food Stamp Program allows low-income households to buy more food of greater variety to improve their diets. To purchase food stamps, participants pay a sum of money based on their family size and net monthly income (See schedule of Monthly Allotments and Purchase Requirements at end of Section VI.) They then receive food stamps of a larger value than the amount paid. The difference between the cash amount paid and the total cash value of the stamps received is called the "bonus value". Recipients spend these stamps like money at authorized food stores. To qualify for food stamps, households must meet certain nationwide eligibility standards. Also, except in special circumstances, food stamp households must have the facilities with which to cook meals.

The Food Stamp Program is still the single largest program within the Office of Assistance Payments; its rate of growth continues to exceed that of all other Department programs. The current caseload of 189,598 households exceeds the individual caseloads of AFDC, GR, or SSI. At the close of the fiscal year, the Public Assistance caseload was 116,132 households; the Non-Public Assistance caseload was 63,466 households in the Food Stamp Program.

Participation in the Food Stamp Program is voluntary, and more than nine out of ten households receiving public assistance are participating. The program is designed to provide maximum benefits for the lowest income families; this includes non-public assistance households, which constitute 44% of the caseload. For the unemployed, low income, elderly and others hit by inflation, food stamp bonus coupons mean the difference between a poor diet and a nutritionally adequate one. The use of these coupons also increases the chances that food stamp users may be able to spend more of their monthly income on better housing, clothing, health care and other necessities.

MASSACHUSETTS FOOD STAMP PROGRAM ISSUANCE TABLES EFFECTIVE 1/1/78 - 6/30/78

HOUSEHOLD SIZE			1	2	3	4	5	6	7	8
COUPON ALLOTMENT			\$52	\$96	\$138	\$174	\$206	\$248	\$274	\$314
MONTHLY ADJUSTMENT										
INCOME RANGE			PURCHASE REQUIREMENT							
0	-	19.99	0	0	0	0	0	0	0	0
20	-	29.99	1	1	0	0	0	0	0	0
30	-	39.99	4	4	4	4	5	5	5	5
40	-	49.99	6	7	7	7	8	8	8	8
50	-	59.99	8	10	10	10	11	11	12	12
60	-	69.99	10	12	13	13	14	14	15	16
70	-	79.99	12	15	16	16	17	17	18	19
80	-	89.99	14	18	19	19	20	21	21	22
90	-	99.99	16	21	21	22	23	24	25	26
100	-	109.99	18	23	24	25	26	27	28	29
110	-	119.99	21	26	27	28	29	31	32	33
120	-	129.99	24	29	30	31	33	34	35	36
130	-	139.99	27	32	33	34	36	37	38	39
140	-	149.99	30	35	36	37	39	40	41	42
150	-	169.99	33	38	40	41	42	43	44	45
170	-	189.99	39	44	46	47	48	49	50	51
190	-	209.99	40	50	52	53	54	55	56	57
210	-	229.99	42	56	58	59	60	61	62	63
230	-	249.99	42	62	64	65	66	67	68	69
250	-	252.00	42	68	70	71	72	73	74	75
262.01-		269.99		68	70	71	72	73	74	75
270	-	289.99		74	76	77	78	79	80	81
290	-	309.99		76	82	83	84	85	86	87
310	-	329.99		76	88	89	90	91	92	93
330	-	344.00		76	94	95	96	97	98	99
344.01-		359.99			94	95	96	97	98	99
360	-	389.99			103	104	105	106	107	108
390	-	419.99			112	113	114	115	116	117
420	-	449.99			120	122	123	124	125	126
450	-	460.00			120	131	132	133	134	135
460.01-		479.99				131	132	133	134	135
480	-	509.99				140	141	142	143	144
510	-	539.99				149	150	151	152	153
540	-	569.99				150	159	160	161	162
570	-	580.00				150	168	169	170	171
580.01-		599.99					168	169	170	171
600	-	629.99					177	178	179	180
630	-	659.99					178	187	188	189
660	-	687.00					178	196	197	198
687.01-		689.99						196	197	198
690	-	719.99						205	206	207
720	-	749.99						214	215	216
750	-	779.99						216	224	225
780	-	809.99						216	233	234
810	-	827.00						216	233	243
827.01-		839.99							238	243
840	-	859.99							238	252
870	-	899.99							238	261
900	-	913.00							238	270
913.01-		929.99								270
930	-	1047.00								274

The Food Stamp Program, originally intended to be a supplementary food assistance program similar to its predecessor, the Surplus Food Program, has now become a form of income maintenance.

Many operational changes have occurred in the program since the prior fiscal year:

Efficiency and Effectiveness (E&E)

In order to receive matching funds under U.S. Public Law 93-347, each state must report to the Secretary of Agriculture the efficiency and effectiveness of the administration of its Food Stamp Program. This includes a review of program operations and development of corrective actions to alleviate reported deficiencies. In reviewing its food stamp operation, a state must at all times assess its program to assure that it is efficient and effective at all operational levels in accordance with all program requirements.

The Quality Control Reviews, which measure the accuracy of client eligibility as judged by Department staff, will be used along with the Department's E & E reviews to develop a complete analysis of the Food Stamp operation in the next fiscal year.

Issuing Agency Accountability

The Department of Public Welfare is responsible for supervising those agents who sell food stamps to eligible recipients. Part of this supervisory responsibility is the assurance of prompt deposit of funds collected in the sale of food stamps to the Federal Reserve Bank. Massachusetts was the first state to obtain a computerized print-out comparing the transmittal dates of cancelled batches of Authorizations to Purchase (ATP's) and deposit dates of funds correspondent to each batch. As a result, the accuracy of deposits, ATP transactions and value amounts issued has greatly increased.

Food Stamp Reform Act

In January, 1979 the Food Stamp Reform Act will go into effect, changing the current program in two major ways. First, the new legislation will eliminate the purchase requirement, the amount each household must pay each month in order to receive its Food Stamp allotment. Under the new law, a household will no longer need to have ready cash in order to purchase its allotment of Food Stamp coupons. Instead of paying a sum of money to receive a larger sum of Food Stamps, the household will receive the difference ("bonus value").

Second, the new law will simplify and somewhat restrict eligibility by replacing the current system of extensive itemized deductions with a standardized deduction of \$60, an earned income deduction of 20% of all gross earned income, and deductions for dependent care and shelter costs (in excess of 50% of the household's income after deductions) which, together, cannot exceed \$75 per month.

Outreach

Food Stamp Outreach involves informing low-income households about the availability of food stamps, eligibility requirements, method of applying, benefits of the program and any changes taking place in the program. This task is accomplished by use of press releases, informational materials for distribution to the public, public service announcements on radio and television, advertisements in newspapers and on radio, and speakers provided upon request to groups and organizations.

The Department has an outreach staff which covers the state on both a regional and state-wide basis. Each Regional Office has a coordinator who monitors local outreach efforts and provides interested groups with speakers. The state coordinator develops a state-wide approach to outreach, develops new materials and monitors the regional efforts from Central Office.

VII. MAJOR ACTIVITIES OF FISCAL YEAR '78

The Individual and Family Grant Program (IFG)

The Office of Assistance Payments played a considerable role throughout the entire disaster period precipitated by the blizzard of February of 1978 by administering the USDA Emergency Assistance Food Stamp Program and the Federal Disaster Assistance Agency's Individual and Family Grant Program.

Two days after the storm had hit, 81 Welfare Service Offices in the eastern part of the state were opened. Volunteers and Central Office staff were recruited in order to meet the processing needs of the large crowds waiting for assistance. Most were in need of emergency food stamps which were available to eligible residents of the disaster areas. All offices issued food vouchers up to \$50.00 per family and fuel vouchers for a minimum load of fuel to welfare recipients. In addition to keeping most offices open for two or three consecutive weekends, emergency welfare offices were open in town halls along the east coast.

During the first two weeks of the disaster declaration, 74 Department of Public Welfare staff were redeployed to the fifteen disaster centers and six follow-up centers in order to take applications for the Individual and Family Grant Program (IFG) and to give information on the Emergency Assistance Food Stamp Program.

Briefly, the IFG program was made available by the State, following a declaration of major disaster by the President, to those victims whose disaster-related necessary expenses or serious needs could not be met by other governmental programs or alternate means. The program was jointly funded by the Federal and State governments (75% Federal, 25% State). The maximum grant to any single individual or to any one family was \$5,000.

In order to qualify for an IFG grant, an individual or family representative had to certify that:

- application had been made to other available governmental programs for assistance to meet a necessary expense or serious need and assistance was denied or was not available or such assistance as was reviewed was not adequate to meet the necessary expense or serious need; and

- should a grant be received and assistance from other sources later become available, that part of the IFG grant for which assistance was received from other sources would be refunded to the State.

Applicants for IFG program assistance were eligible for such assistance without regard to their residency in the disaster area or within the Commonwealth of Massachusetts. In addition, applicants had to purchase Federally subsidized flood insurance for any building and its contents for which IFG assistance was received if such insurance was available and the building and the contents thereof were located in a designated flood hazard area.

Application for IFG program assistance began at the Disaster Centers and continued to be filed at local welfare offices sixty days following the disaster declaration. The Unit of the Office of Assistance Payments had responsibility for establishing a process where by applications could be received, field verifications requiring supporting information and documentation could be carried out, and final decisions on grant award or denial could be made by an Administrative Panel.

As of this writing, the following data reflects the magnitude of the IFG program:

Total applications received.....	4918
Applications forwarded to field verifiers.....	4918
Applications completed by field verifiers.....	4918
Applications processed through Administrative Panels.....	4918

This group is comprised of-

claims approved for a grant.....	1508
claims denied of a grant.....	2198
claims withdrawn by applicants.....	969

Applications pending Administrative Panel disposition.....	250
---	-----

This group is comprised of-

claims awaiting S.B.A. information.....	165
claims awaiting data from applicant.....	95

Total dollars authorized by Administrative Panel.....	\$ 3,390,123
Total amounts issued to I.F.G. applicants.....	\$ 3,383,847

Current Corrective Actions

To make up in part for the inadequate case coverage levels, the Department has developed corrective action projects that make the most effective use of staff time. Specifically, since the union contract requires workers to review eligibility and payment levels less frequently as they carry higher caseloads, the Department has devised three review systems to insure that the case reviews are done as effectively as possible and to enable workers to review error-prone characteristics without doing a full redetermination of eligibility.

Prioritized Redetermination

The AP caseload is constantly changing. There is a monthly turnover of nearly 6,000 cases, and on-going cases frequently experience changes which make them ineligible or considerably change their appropriate grants. To minimize payment and eligibility errors, therefore, the caseload requires constant monitoring. Since sufficiently frequent redetermination of all AFDC cases is not possible under the current contract standard, the Department began in FY'77 to prioritize redeterminations. A computer listing of cases up for review each month, listed according to a predetermined order with the most error-prone cases first, is generated centrally for each worker. Presently, the priority order is cases that have not been redetermined for the previous six months, cases with earned income, cases likely to be affected by a dependent's recent age change, and cases in which a temporary non-employability status has not recently been checked. This system ensures that the cases redetermined are those most likely to be in error.

Client Response Survey

Redeterminations involve a full review of all eligibility factors. However, many errors can be caught by reviewing only some factors; that is, those identified by Quality Control information as particularly likely to be in error because they change frequently. Therefore, the Department has implemented a system of client response questionnaires, mailed to portions of the AFDC caseload in order to elicit timely information on these error-prone characteristics. In this way, workers are able to close cases and change grants without having to do a full case review.

The Department issued two client response mailings in FY'78. An October 1977 questionnaire was mailed to the 22,000 cases in which there was at least one dependent between the ages of 16 and 21, to verify school attendance (and therefore eligibility) for these dependents. Also, the Department issued a mailing in early 1978 to the 25% of the caseload which has deductible income, requiring verification of the amount of the income. These two mailings resulted in annualized savings of about \$3 million indicating that client response, which takes considerably less time than a complete case review, is a cost-effective use of worker time.

Computer File Match

The computer file match system, like the client response system, enables workers to review error-prone characteristics without doing a full, time-consuming review of all eligibility factors. In addition, the computer file match system enables the Department to identify client errors that might otherwise go undetected. Under this system, the Department's recipient files are matched against the files of other government agencies to identify individuals who are receiving two sources of income. The cases identified by the match are sent to the AP workers, who determine whether the second kind of income (for example, Unemployment Compensation) was taken into consideration when the AFDC grant level was calculated. If it was not, the worker takes the appropriate action to reduce the grant or close the case.

Chapter Three
OFFICE OF SOCIAL SERVICES

I. OVERVIEW

The Office of Social Services is primarily responsible for the planning and program development of a comprehensive network of social service programs for children and their families and single adults under the age of 65. The Office also has responsibility for managing the purchase of social services from private providers and the delivery of certain placement services to meet their needs. Such services are provided directly by the Department or are purchased from private agencies.

Organization

The Office of Social Services is comprised of five units: Program, Placement, Title XX Planning, Purchase of Services, and Administration.

Appropriation

The Commonwealth appropriated \$97.506 million for the provision of social services in Fiscal Year '78. This money was allocated as follows:

PROTECTIVE SERVICES	\$ 2.7	million
DONATED FUNDS ADMINISTRATION	.4	"
DONATED FUNDS TRAINING	1.5	"
DONATED FUNDS IN KIND	3.0	"
SOCIAL SERVICES ADMINISTRATION	.701	"
CARE & MAINTENANCE	39.4	"
GROUP CARE TUITION	.8	"
DONATED FUNDS	11.155	"
DAY CARE	27.0	"
SOCIAL SERVICES TO FAMILIES & CHILDREN	2.9	"
CHILDREN IN CRISIS	3.6	"
FAMILY PLANNING	1.35	"
SERVICES TO DISABLED	3.0	"

The federal government will reimburse the Commonwealth for 75% of its social service expenditures up to a ceiling of \$73.797 million when the Commonwealth documents that the services were provided to eligible clients under the provision of Title XX of the Social Security Act.

II. PROGRAM UNIT

OVERVIEW

The Program Unit in the Office of Social Services has the primary responsibility for planning social service programs. The Program staff's basic tasks include: developing social service policy, establishing goals and standards for programs and service delivery, designing service delivery systems, submitting budget requests, allocating funds appropriated by the Legislature for programs and services, and identifying training and support needs for DPW direct service staff.

The Program Unit is organized into program and service areas to enhance the quality of services delivered, to insure that clients receive the most appropriate services, and to reflect the language and structure of Title XX to ensure federal reimbursement for services.

PROGRAM AREAS

Protective Services

Protective Services involves a range of social services available and offered to children and their families when there have been incidents of abuse and neglect of children. During FY'78, the number of monthly reports of child abuse and neglect received by the Department increased dramatically from 700 reports in June, 1977 to almost 1,500 in June, 1978. The growing awareness of the public and of mandated reporters contributed to this increase.

During the year, the Department took a variety of steps to strengthen its capacity to respond to the needs of these children and their families. Under the continuing guidance of the Protective Service Advisory Committee, the Department moved both to increase resources available for protective services and to maximize the effective utilization of existing resources.

A new protective services delivery system was implemented in March, 1978. This system calls for centralized regional screening and assessment of reports, with on-going services provided for families at the local community-based level. Specialized regional units for intake and crisis intervention allow the Department to use its more experienced staff for timely and sensitive response to the immediate problem, while local workers facilitate the crucial process of resolving the family's isolation from its community.

The new delivery system establishes specific procedures for handling protective cases and assigns responsibility to designated staff who carry out these functions. The procedures provide all staff with guidelines for decision-making and activities, as well as define expectations and time frames for service delivery. Clarification of staff responsibilities insures greater program accountability, provides a supportive environment for social workers responsible for this most difficult job, and assists in developing skill specific training programs. Prior to the implementation of the new system, all identified protective services staff took part in an internal training program and have begun participation in supplementary courses supported by Title XX Training funds.

FY'78 saw the Department assuming funding for three Comprehensive Emergency Services (CES) systems previously funded by the Office for Children. These contracts provide a 24-hour response capability in three areas of the state. Two statewide requests for proposals - one totaling \$283,000 and the second for \$400,000 - resulted in increased purchased protective services.

Groundwork was laid during FY'78 for a number of efforts that will come to fruition in FY'79. These include:

- increased appropriation for additional direct service staff, purchased casework, and supportive services
- implementation of a statewide 24-hour response system
- refinement of the service delivery system
- redrafting of protective services policies
- development of more comprehensive training and continuing education programs for staff

Children in Need of Services (CHINS)

Implementation of the new Children in Need of Services (CHINS) Program took place at the beginning of FY'78. During the first year of operation, the CHINS Program has provided service to approximately 3,000 CHINS youth and their families. The services provided, such as crisis intervention, emergency services and family therapy, have allowed many CHINS youth to remain at home and have helped establish that the status offender can be successfully dealt with in non-institutional settings and in a non-criminal manner. This approach to the status offender has gained Massachusetts national recognition in the field of juvenile justice.

The service delivery system developed by the CHINS program consists of approximately forty CHINS workers who provide direct services to CHINS youth and their families as well as a variety of purchased services from 39 programs. This network of services has provided the CHINS youth with the services necessary to help them attempt to resolve their problems, as well as giving the CHINS workers the necessary resources with which to be responsive to the courts. This network has also provided a foundation upon which a service delivery system for adolescents can be built.

Much of the first year of the program was researched and studied by the Abt Associates (as a result of an LEAA-funded diagnostic study of CHINS). Their findings support the following trends recognized by the Department: there are slightly more girls than boys in the program; 85% of CHINS are non-minority; half are runaways; a third have had a prior delinquent complaint and the majority of children came from non-AFDC two parent families.

During FY'78, the Department has planned for the development of three regional 24-hour intake centers and two new secure group homes for the "hard to hold" child. Planning is also underway for expansion of CHINS-type services to other adolescents with whom the Department is involved.

Child Welfare Program (Children in Care of the Department)

During FY'78, the Department implemented a new system for reviewing the short term and long term planning for each child in care of the Department. This case review system establishes an on-going process of semi-annual assessment and review at the social worker/supervisor level, as well as an ongoing administrative review process for target populations. Standardized case record organization and case recording are required by the system.

Reports required by the case review system will also be used to initiate a child-specific information system. The Child Information System (CIS) will provide CSA, Regional and individual child tracking capability and a variety of management information reports on protective service cases, on CHINS referrals and on individual cases. Planning for the system during FY'78 culminated in the signing of a contract for development and operation of the system for the next two years. The system will be ready to receive input in the fall of 1978; the reporting capacity of the system will continue to increase over the following months.

SERVICE AREAS

Foster Care Services

The Department had responsibility for 9,200 children in FY'78, 7,500 of which were in 4,000 foster homes. During FY'78, the Department continued to focus on the development of procedures to facilitate the management of the foster care system and on the provision of greater support and assistance to foster parents. The Office of Social Services

- promulgated the policy on the Evaluation and Use of Foster Homes.
- re-examined the question of Liability Insurance for foster parents and negotiated a new contract.
- increased communication between the Massachusetts Foster Parents Association and the Department.
- successfully advocated for additional homefinding staff positions which will be available in the coming year.

Day Care Services

During FY'78, the Department contracted with 366 day care agencies to provide 10,000 slots of service in pre-school and after-school day care centers and in family day care systems. Of the 366 contracts, about 26 were with family day care systems, 46 with after school day care programs and the remaining for pre-school day care including infant and toddler care. Of the day care services provided, 82% were for work-related reasons, 8% for protective services and the remaining for reasons of training for employment or for preventive reasons. In-home care (babysitting) and independent family day care provided child care to an additional 10,400 children throughout the year.

Funding was made available to day care agencies to correct health and safety deficiencies so that they might comply with licensing standards and receive two-year licenses. The corrections included the removal of lead paint, the installation of smoke detectors, and the installation of emergency lights. About 40 non-profit day care programs were contracted with and received funds for deficiency correction.

Planning is underway to provide additional day care slots for protective service children, to implement a sliding fee scale on a demonstration basis, and to provide legislated rate increases to day care centers.

Homemaker and Chore Services

Homemaker and Chore Services are provided to families and children who are AFDC and protective-service clients and to disabled clients who are recipients of SSI-DA. During FY'78, the Department provided homemaker services to 1,134 families and children and to 1,520 disabled clients; chore services were provided to 1,849 families and children and to 490 disabled clients.

In this first full year of contracting for homemaker services, contracts for services to the disabled were utilized completely; full use of contracts for families and children will occur with the expected increase in protective services cases, with the education and experience of the field in using these services, and with broader eligibility.

Rates for homemaker services were set by the Rate Setting Commission at the beginning of the fiscal year. Prior to this year, the Department had set rates which had been frozen for two years. As a result of the new rate setting process, homemaker agencies received rate increases at an average of 6%.

During the fiscal year, the Department obtained additional funds for FY'79 homemaker and chore services which will allow some expansion, particularly for services to the disabled for the first time in three years.

Planning is now in progress to transfer services to disabled SSI-DA clients aged 60 and over to the Department of Elder Affairs and to implement new policies to expand homemaker services available on a 24-hour basis to protective services cases and to foster families.

Family Planning and Project Good Health

During FY'78, the Office of Social Services staff redrafted family planning policy, including revision of eligibility criteria to make services available to minors regardless of income. The staff also participated in extensive site evaluations coordinated by the Inter-agency Review Committee. In the coming year, outreach capabilities will be developed, directed particularly towards minors including males.

Social Services policy was promulgated in FY'78 in order to correctly implement Project Good Health, the Massachusetts Early and Periodic Screening, Diagnosis and Treatment program. This program is designed to ensure the availability of preventive and comprehensive health care services to eligible children.

Support Services

The Volunteer Program and the Housing Program support local office operations. During FY'78, the Housing Program staff

- advocated for the continuation of rent control in Boston.
- worked with the Housing Advocacy Association to improve housing conditions in Boston.
- began revision of "Opening Doors: Making the Housing System Work" and planned for a new book called "The Low Income Handbook Updated" to provide reference data on housing programs for Department staff.

During FY'78, the Volunteer Program staff

- provided volunteers to search out year-round low cost housing for DPW clients by obtaining additional reimbursement funds.
- organized a low cost self-help divorce program to be implemented when funding is available.
- expanded the use of volunteers in visitation of foster homes and in providing transportation to foster children.
- completed Hispanic films to be previewed in September, 1978.

SPECIAL PROJECTS

Administration for Children, Youth and Families

The Child Welfare Service Delivery Systems Project, funded by the Administration for Children, Youth and Families (DHEW), completed the data collection and analysis phase of its research design. Recommendations for improved service delivery in local welfare offices were developed based on the findings of the research phase; both the findings and recommendations are presented in a document entitled, An Analysis of Service Delivery in Boston Local Welfare Offices and Recommendations for Improved System Design. The re-designed local office service delivery model recommended by the Project calls for the development of local office intake units, monitoring components to handle single service, long-term cases, and redefinition of the on-going generalist caseload responsibilities.

In fiscal year 1979, the final year of Project funding, staff activities will focus on implementation of selected recommendations in two demonstration sites.

Purchase of Service System (POS)

Reports on placement resources have been designed and will be produced by the POS System in August, 1978. These reports will reflect the special characteristics and abilities of foster parents and group facilities, the availability of vacancies, the presence of overcrowding in foster homes and the re-evaluation status of each home.

Instructions for the POS System have been re-written with the goal of making them more useful to field staff. This material is being tested in three CSA's and distribution of the final procedures is planned for Fall, 1978.

Non-Medical Vendor Payment System (NMVPS)

Procedures have been written for field staff using the NMVPS to approve payments for individually purchased child care, and a new billing form has been designed to meet the needs of these providers. The material is being tested in three CSA's and implementation of the new form and procedures statewide is planned for Fall, 1978.

Office for Children (OFC) Compliance Project

The OFC Compliance project focused on three areas requiring corrective action: policy development, staff qualifications, and sufficient staff to cover all cases. Revision of the child welfare manual continued. Policy and procedure governing intake and assessment, placement services, and placement agreements were in draft or

completed. A new job description for supervisors in direct services was developed, which includes minimum educational requirements. In addition, a budget request, which resulted in a \$1 million appropriation for additional staff, improved the Department's ability to provide necessary services to children in placement and their families.

III. PLACEMENT SERVICES UNIT

OVERVIEW

The Placement Service Unit has the responsibility for policy and program development and direct management of the adoption, group care, and adoption subsidy program. The Unit also has primary responsibility for the planning and implementation of a specialized foster care program.

Adoption Services

During FY'78, the Adoption Placement Unit placed 265 children in adoptive homes and processed through to legalization another 250 children.

Project Impact, a project to place special needs children, continued in FY'78 and has placed 80 children since its inception.

The Adoption Unit initiated a request for new funding to purchase additional adoption services. This request was granted and proposals were sent to all licensed adoption agencies throughout the state. This effort will enable private adoption agencies to work with 80 children who need permanent placement.

In order to improve services to families, the Adoption Placement Unit conducted post-placement support groups for parents of older, hard-to-place children. These evening meetings were held in every region of the state.

A special committee was established in order to review cases of adoption disruption. These are cases where placement of a child breaks down and the child needs replacement. This effort is being done by Adoption Placement Unit staff and a graduate student.

The Adoption Placement Unit sent certain staff to Columbia and the University of Michigan in order to participate in a training program regarding the latest theory and techniques in the placement of older children. Such training is sponsored by the North American Adoption Center.

Because of the need to inform DPW staff of current information pertaining to adoption, the Adoption Placement Unit revised and updated a procedures manual. This was distributed to all social service staff.

The Adoption Placement Unit has continued the "Search Committee" to handle the many inquiries of adopted persons interested in their past.

Adoption Subsidy Program

During FY'78, the Adoption Subsidy Program approved 144 subsidies to facilitate the adoption of special needs children.

Group Care

In FY'78, there were 1800 children in 112 group care facilities.

The Group Care Unit increased the number of approved facilities in order to place children considered hardest to place. Also, the Unit reviewed the progress of all children in group care to determine the appropriateness of continued group care. As a result of this effort it was determined that 300 children were ready for less-restrictive settings.

The Group Care Unit developed a specialized foster care program to complement the group care program. This service will be utilized to prevent group care placement as well as serve as an after-care program for children leaving group care settings. This program involves twelve child placement agencies. An additional element in many of these programs is the development of permanent plans for children so that adoption is an option at the on-set of placement.

The Group Care Unit developed a project with the Department of Education to transfer certain children from the Department of Public Welfare to the Department of Education. This would enable children to be discharged to their parents' custody and have the Department of Education assume fiscal responsibility for the child's educational program.

The Group Care Unit also began to identify children who need mental health services and began to work with the Department of Mental Health to facilitate the development of appropriate services for them.

IV. TITLE XX PLANNING UNIT

Title XX of the federal Social Security Act allows the Commonwealth to secure federal financing (at the rate of 75%) for the provision of social services. These services are directed to helping families and children, the elderly, the physically and mentally handicapped, persons suffering from drug and alcohol dependency, and juvenile and adult offenders for whom treatment or rehabilitation provides hope for productive lives. The Department administers these services through its Title XX Unit, through contracts with hundreds of private social service agencies and seven other public human service agencies.

The Title XX Unit is responsible for

- publishing the Proposed and Final Comprehensive Annual Social Service Plan (CASSP) and Amendments:
- long-range planning through the development of needs assessments, Title XX Resource Inventories, and analyses or resource allocations:
- providing planning support to the Office of Social Services by preparing the budget request and assisting with data collection and analyses for programs;
- providing technical support to the Executive Office of Human Services area strategy process;
- public purchase of over \$37 million of Title XX social services from other public human service agencies;
- developing the Title XX public process to insure better area and regional planning for Title XX social services and to facilitate the participation of interested citizens in decisions regarding the budget, programs and policy, service delivery and allocation of funds;
- compliance with federal Title XX regulations;
- planning and administering the \$4.5 million Title XX Training Program as of May, 1978.

Planning Activities

The final Comprehensive Annual Services Plan (CASSP) for FY'79 was published in June 1978 and was substantially revised. Three amendments to the Fiscal Year 1978 CASSP, including two establishing group eligibility for Title XX services for the Department of Mental Health and the Massachusetts Rehabilitation Commission, were prepared and published. Group eligibility facilitates the reimbursement process by allowing the determination of income eligibility for services on a group basis rather than on individual determination of eligibility.

A detailed Equity Study, which compared resource allocations with socio-economic and demographic indicators of need for the six Title XX regions, was prepared and published during FY'78. The study focused on the allocation of resources for four services provided by the Department of Public Welfare: day care, protective services, homemaker services and services to unwed mothers; disparities among the regions were analyzed. In addition to the Equity Study, the Title XX Unit provided support for the Office of Social Services in preparing the Fiscal Year 1980 budget request and a variety of other planning projects.

In FY'78, the Title XX Unit continued to support the Executive Office of Human Services' effort to promote area-based planning through the Area Strategy process. Interagency area service planning teams were established to rank human services in their respective areas, to submit program proposals for better coordinated, inter-agency service delivery, and to hold public hearings on the Area Strategy by compiling data on DPW social services for the resource inventory and by monitoring the Area Strategy public hearings.

Public Purchase

In FY'78, the public purchase and monitoring staff trained participating public agencies in documenting the provision of services, the total FY'78 Title XX social service claim to the federal government was over \$121 million, well over the federal reimbursement ceiling of \$73.8 million allotted to Massachusetts by Congress. Public purchase staff prepared a new format for interagency agreements and negotiated these agreements between DPW and the various Human Service agencies. A manual was prepared to assist in the monitoring of the provision of Title XX services by over 500 private providers under contract to the public agencies.

In addition, public purchase staff worked with participating public agencies to amend the interagency agreements to establish the provision of training under Title XX Training and to develop group eligibility for the Department of Mental Health and the Massachusetts Rehabilitation Commission.

Public Process

As follow-up to the FY'77 Survey, the Title XX Unit issued two reports in FY'78: The Title XX Survey Findings and The Response of the Agencies. In addition, the Unit continued to solicit the involvement of citizens by designing and administering a new survey to DPW advisory boards in the spring of 1978. A preliminary report of the findings indicated that citizen groups supported increased funding for preventive and early intervention programs, including protective services to children, rather than programs concerned with emergency and crisis intervention services.

Other activities included: public informational meetings on the FY'79 budget request; Title XX Training and the CASSP; preparation of Regional Profiles, which list socio-economic and demographic information by region and area, for distribution to citizen groups; and preparation of a report on the Area Strategy public hearings.

Title XX Regulations Development

In FY'78, all social services policies and procedures were reviewed for compliance with the federal Title XX regulations. Regulations implementing the Keys Amendment were promulgated by the U.S. Department of Health, Education and Welfare in January, 1978 which required states to designate one or more authorities to establish and enforce standards for residential facilities serving a significant number of Supplemental Security Income recipients. In Massachusetts, the Department of Education, the Department of Mental Health, the Department of Public Health and the Office for Children have been designated to establish and enforce these standards.

The Unit continued to provide assistance to the Legal Division to substantiate over \$140 million in pre-Title XX (IV-A) social services claims, for which Massachusetts expects to receive \$75 million in the fall of 1978.

Title XX Training

In FY'78, the Massachusetts Legislature for the first time appropriated funds for a comprehensive training program for persons involved in the delivery of federally-funded social services. Because Title XX is a reimbursement program to states, funds must initially be appropriated by the state to finance programs; FY'78 training appropriations of \$4.5 million made possible the first major training effort in Massachusetts. The Department of Public Welfare, as the designated state agency in Massachusetts responsible for the overall operation of the Title XX Program, was also assigned responsibility for developing and administering the Title XX Training Program. (The Massachusetts Commission for the Blind is also a designated state agency for services to the blind and is responsible for its own Title XX training activities.)

Planning for the use of the appropriated funds started in early 1976, when the Executive Office of Human Services convened an advisory Task Force on Training and Retraining. This Task Force, composed of the public agencies and private providers delivering Title XX services, established the collaborative nature of the training programs to train workers from different agencies. The Task Force conceived of the training program as competency-based, stressing the "ability to do" in contrast to the more traditional educational emphasis on the "ability to demonstrate knowledge".

In FY'78 the Title XX Training Program trained over 1500 human service staff and providers. This included training provided to protective service workers, CHINS workers, homemakers, community residence workers, DPW staff in management training, and foster parents. The training programs were offered at locations throughout the Commonwealth.

In May, 1978, the Title XX Planning Unit was assigned overall responsibility for planning and administering the Title XX Training Program. Title XX negotiated grant agreements with training providers, implemented a grant payment system, and prepared the Title XX Training Plan for Fiscal Year 1979.

V. PURCHASE OF SERVICE UNIT (POSU)

This unit in the Office of Social Services is responsible for the administration of the private purchase of service system. Contracting for services from private social service agencies supplements the Department's direct service provision and is an integral part of an overall effort to provide a comprehensive network of social services to those in need. More specifically, the function of the unit involves all the steps preliminary to contract negotiation through contract execution and includes contract monitoring.

VI. Administrative Unit

The Administrative Unit is responsible for the coordination of all programmatic data pertinent to budget preparation and for the development and analysis of the Social Services budget request.

The Unit is responsible for:

- processing all personnel transactions
- responding to legislative, vendor and client inquiries regarding payments and services
- representing OSS on the Office for Children Central Interdepartmental Teams
- administering the Inter-state Compact Program which involves the interstate placement of children.

Chapter Four
OFFICE OF MEDICAL ASSISTANCE

I. OVERVIEW

Background

The Medical Assistance Program, commonly called Medicaid, was created by the Social Security Amendments of 1965 (P.L. 89-97), which added Title XIX -- "grants to states for medical assistance programs" -- to the Social Security Act. Section 1901 of Title XIX permits yearly grants to states to help each state pay for medical services for those individuals who meet specific income and other eligibility requirements. The purpose of this cooperation between the federal and state governments is to assist those individuals who are unable to meet the costs of medical care.

Massachusetts joined the national Medical Assistance Program in September 1966 by Executive Order 49 of the Governor. On November 22, 1969, the Massachusetts Medical Assistance Program was established by Chapter 800 of the Acts of 1969, which added Chapter 118E to the General Laws. Chapter 118E defines the major responsibilities of the Department in the areas of general policy and administration of the program; determination of eligibility; provision of medical, diagnostic, preventive, and rehabilitative services; fiscal accountability; and payments to providers, consistent with federal law and regulations.

By joining the Medical Assistance Program, Massachusetts is eligible for federal reimbursement of 50% of expenditures for most aspects of the Medical Assistance Program. The Medical Division is the part of the Department of Public Welfare that is responsible for the purchase of medical services for MA recipients.

Eligible Recipients

Massachusetts provides Medical Assistance coverage for categorically needy persons and for medically needy persons. Categorically needy persons include those persons who are eligible for or receiving assistance through the Aid to Families with Dependent Children (AFDC) Program or through the Supplemental Security Income (SSI) Program for the aged or the disabled. Families and children whose AFDC eligibility is terminated due to increased earned income or hours of employment are eligible for continued Medical Assistance coverage for four months following the date of termination.

Medically needy persons include those persons who would be eligible for AFDC or SSI benefits except that they do not meet the income or personal property requirements for AFDC or SSI eligibility. Persons become eligible for Medical Assistance when expenditures for medical care exceed permissible levels as defined

by state regulations. Any children who are under 21 years of age are eligible for Medical Assistance if they meet basic eligibility requirements.

Scope of Coverage

Reimbursable medical care and services are equal in amount, duration, and scope for the categorically needy and the medically needy. Reimbursement under the Medical Assistance Program is available for the following services (subject to program regulations):

- inpatient hospital services other than those provided in an institution for mental diseases or tuberculosis
- laboratory and radiology services
- skilled nursing facility services (other than services in an institution for tuberculosis or mental diseases)
- early and periodic screening, diagnosis, and treatment (EPSDT) services for individuals under 21 years of age
- family planning services and supplies for individuals of child-bearing age
- physicians' services
- podiatrists' services
- optometrists' services
- home health care services (including nursing services, medical supplies, equipment, and appliances for use in the home; home health aide services; physical, occupational, and speech therapy services)
- private duty nursing services
- clinic services
- dental services

- physical, occupational, and speech and hearing therapy services
- outpatient hospital services
- prescribed drugs
- dentures
- prosthetic devices (artificial limbs and hearing aids)
- eyeglasses
- other diagnostic, screening, preventive, and rehabilitative services
- inpatient hospital services for individuals 65 years of age or older in institutions for mental diseases
- intermediate care facility services (including such services in a public institution for the mentally retarded)
- transportation services (ambulance, chair car, taxi, and other services)
- emergency hospital services
- personal care services

Nominal deductibles, coinsurance, or copayments are not imposed for services reimbursable under the Medical Assistance Program for either the categorically needy or the medically needy.

Medical Assistance Recipients

During FY'78, the Department purchased health care services from approximately 27,000 providers for the state's Medical Assistance recipients. The average monthly caseload for FY'78 was 330,798:

<u>CATEGORY OF ASSISTANCE</u>	<u>NUMBER OF CASES</u>
Supplemental Security Income/Old Age (SSI/OAA)	73,224
Aid to Families with Dependent Children (AFDC)	120,271
Supplemental Security Income/Disabled (SSI/DA)	55,286
Medical Assistance Only/Old Age (MA/OAA)	42,903
Medical Assistance Only/Aid to Families with Dependent Children (MA/AFDC)	10,718
Medical Assistance Only/Disabled (MA/DA)	9,836
Medical Assistance Only/Under 21 Years of Age (MA/Under 21)	<u>18,560</u>
TOTAL	330,798

Medical Assistance Expenditures

During FY'78, Medical Assistance expenditures totaled \$669,938,000.00. Most of this money was expended on institutional care: approximately 52% was spent on long term care and 29% was spent on inpatient and outpatient care.

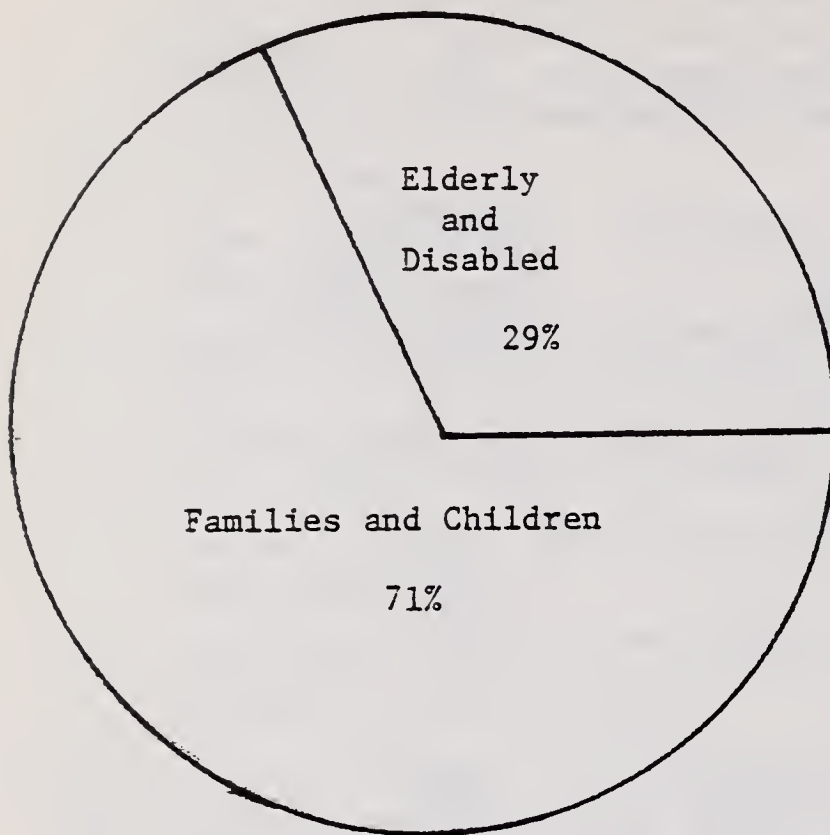
<u>Provider Type</u>	<u>Percent of Total</u>	<u>Estimated Expenditures (in millions)</u>
Physician	5%	\$ 33
Dentist	3%	22
Pharmacy	5%	34
Nursing Home	34%	225
Hospital:		
Inpatient	22%	149
Outpatient	7%	46
Chronic	18%	120
Other	6%	41
	<u>100%</u>	<u>\$670</u>

Expenditures by Category of Assistance

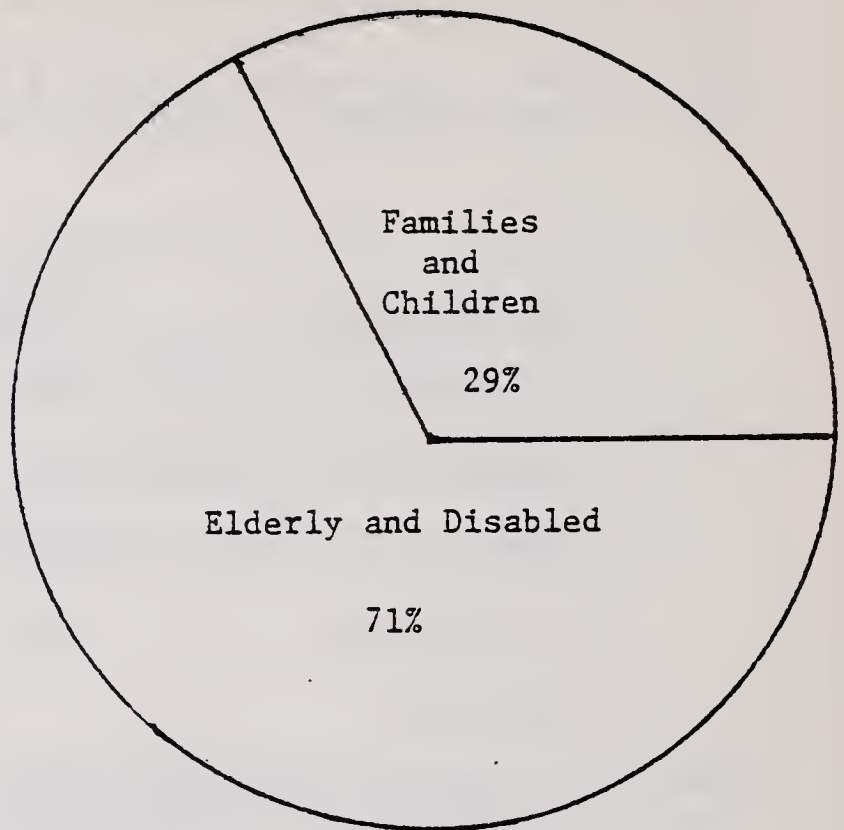
The elderly and disabled tended to use costly hospital and long term care services more frequently than persons in other categories of assistance. For this reason, the elderly and disabled, although representing only one-third of Medical Assistance expenditures. Families and children made greater use of less expensive physician and dental services. Families and children, constituting over two-thirds of recipients, accounted for only one-third of Medical Assistance expenditures.

	<u>Category of Assistance</u>	<u>Estimated Expenditures for FY '78 Services (in millions)</u>	<u>Percent of Total Expenditures</u>
Families and Children	AFDC	\$159	24%
	MA/AFDC	15	2%
	MA/Under 21	24	3%
	SUBTOTAL	<u>\$198</u>	<u>29%</u>
Elderly and Disabled	SSI/DA	88	13%
	SSI/OAA	65	10%
	MA/OAA	267	40%
	MA/DA	52	8%
	SUBTOTAL	<u>\$472</u>	<u>71%</u>
	TOTAL	\$670	100%

Distribution of Medical Assistance
Recipients by Category



Distribution of Medical Assistance
Expenditures by Category



General Relief Medical Assistance Program

The state's fiscal year 1973 Budget Act provided for limited medical services for General Relief recipients. Medical services provided to General Relief recipients are reimbursed entirely with state funds and are more limited in extent than services reimbursed through the Medical Assistance Program.

General Relief recipients are persons who do not satisfy eligibility criteria for federally-aided programs but who are in need of financial assistance. Persons without dependent children who apply for General Relief must satisfy state non-employability standards. General Relief recipients are also eligible for reimbursable medical services through the General Relief Medical Assistance Program.

The following table lists reimbursable and non-reimbursable medical services for recipients in the General Relief Medical Assistance Program:

<u>Reimbursable Services</u>	<u>Reimbursable with Restrictions</u>	<u>Non-Reimbursable Services</u>
Durable medical goods including prosthetics and hearing aids	Dentistry	Abortion services
Home health services	Drugs	Chronic hospital services
Independent laboratory services	Neighborhood health center services	Free-standing family planning clinic services
Laboratory services provided in the physician's office	Physician services	Free-standing kidney disease center services
Vision care services	Sterilization services	Free-standing mental health clinic services
		Hospital services (all departments) (Life-sustaining drugs are reimbursable when provided to GR)
		Nursing home services
		Physical, occupational, and speech therapy
		Podiatry
		Private duty nursing
		Psychiatric day treatment center services
		Psychological testing
		Special clinic services (including amputee clinics, rehabilitation clinics, audiological and hearing aid evaluation centers)
		Transportation

During FY'73, the average monthly caseload of General Relief recipients was 20,083. General Relief Medical Assistance expenditures for these recipients amounted to \$4,000,000.

II. ACCOMPLISHMENTS IN FISCAL YEAR 1973

Overview

During FY'78, the Department of Public Welfare took a number of steps that improved the quality of health care to Medical Assistance recipients and increased recipient accessibility to sources of health care. In addition, the Department expanded programs that offer innovative alternatives to institutionalization, such as adult day health services, adult foster care, and psychiatric day treatment/day habilitation. The Department also increased its efforts to curb rising costs. The Department encouraged the expansion of such cost-effective modes of health care as health maintenance organizations and case management, extended its provider surveillance activities, and introduced various utilization review mechanisms.

Provider Review

The chief objectives of the Provider Review Program of the Medical Division have been:

- to identify and deal with those providers that are not complying with Medical Assistance regulations;
- to act as a feedback mechanism to the Department for the purposes of policy development and improved program management; and
- to assist providers to participate in the Medical Assistance Program in order to ensure their continued involvement in the Program.

Provider Review teams examine provider payment profiles for unusual or erroneous billing patterns and then visit providers to obtain verification that services billed to the Department have actually been furnished to recipients. Reviewers also request recipients to confirm that they received the services claimed. After the visit, the reviewers take appropriate follow-up action which may include notification to providers that they are complying with Department regulations; requests to providers to return overpayments; or referrals to sanction personnel in the Medical Division for imposition of administrative actions.

During FY'73, the Provider Review Unit prepared audit guides for the following provider types: laboratories, physicians, community health centers, and visiting nurse associations. The Provider Review Unit performed 1,516 reviews:

<u>Provider Type</u>	<u>Number of Reviews</u>
Physicians	469
Dentists	21
Licensed medical practitioners (podiatrists, optometrists)	278
Durable medical equipment	90
Transportation	77
Laboratories	27
Pharmacies	501
Clinics	18
Hospitals	9
Chronic Hospitals	4
Nursing Homes	<u>22</u>
TOTAL	1,516

Pilgrim Health Applications performed 459 audits for the Provider Review Unit and Haskins and Sells, a professional accounting firm contracted by the Department, performed 44 audits. The Provider Review Unit did the necessary follow-up work to these audits.

During FY'78, the Provider Review Unit obtained refunds amounting to \$1,051,296.10. The actions of the Unit during this period led to cost avoidance amounting to \$108,315.22. (The cost avoidance figures represent the amount of projected savings over a one-year period as a result of Provider Review action.

Cost avoidance may result if a provider has been warned to discontinue incorrect billing practices and has complied with the warning. If money is recovered from a provider, cost avoidance will result if a provider modifies future billing habits to comply with Program requirements.) In addition to the refunds that the Unit has actually collected, \$611,017.45 in recoveries was pending at the end of the fiscal year.

Adult Day Health Services

During FY'78, the Medical Division expanded the Adult Day Health Program beyond a pilot project involving six adult day care centers to a program contracting with 24 Adult Day Health Programs.

Adult day health programs offer a comprehensive range of health and social services including nursing services, counseling, recreation, education, nutrition service, therapeutic services, and socialization. The program is designed to assist recipients who are at risk of institutionalization or who are institutionalized but able to live in the community if day care is made available. The program serves both short-term rehabilitation

clients and clients who require maintenance care. Participants attend the full day program from two to five days per week. For the family, an adult day health program offers relief from 24-hour supervision. Such relief may free time for personal or family commitments, or for employment.

Adult day health appears to be a cost-effective alternative to Level III and, in some instances, Level II placement. The per diem rate for attendance in an adult day health program is \$13 per day.

The average attendance for participants is 2.6 days per week. Level III nursing homes cost approximately \$20 per day or \$140 per week, compared to \$34 per week for attendance in an adult day health program. Adult day health is less expensive than extensive home health care and may reduce inpatient hospital stays.

Case Management Grant

In October 1977, the Department received a grant from the Health Care Financing Administration of the U.S. Department of Health, Education, and Welfare to develop a program model for controlling costs without sacrificing quality of care furnished to recipients. The Department theorizes that high costs in the Medical Assistance Program are often caused by fragmented care. If a recipient does not have a single primary care provider, he is more apt to utilize costly specialists, inpatient hospital care, and ancillary services than a recipient with a primary care provider. Through the Case Management Grant, the Department will create incentives to providers to furnish care that is integrated and comprehensive and will attempt to prove that cost savings will occur through the provision of such care.

The Department is currently enlisting providers to act as Case Managers. The first recipients should be enrolled in December 1978. Six providers and 4500 AFDC families (or 15,000 recipients) will be involved in this project. Each recipient will enroll with a Case Manager. The recipient will receive an incentive to enroll with a Case Manager through payment of a portion of the projected savings realized through the Case Management project. The Case Manager may be a community health center, a hospital outpatient department, or a medical group practice. A Case Manager is a primary care provider or team that furnishes primary care services to a recipient, authorizes referrals to other providers of medical services, and monitors care furnished by other providers in a referral setting.

The Case Manager will receive regular semi-monthly payments from the Department that will be equivalent to 90% of their expected amount claimed based on the previous month's expenditures. These semi-monthly payments should ease the Case Manager's cash flow problems. In addition, the Case Manager will receive a portion of the savings realized through the project. The Department will determine

the amount of savings by calculating the average Medical Assistance expenditure per case by region for all services provided in the Case Management package (i.e., services furnished by the Case Manager and providers to which the Case Manager has made referrals), and comparing that average expenditure to the amount spent on recipients enrolled in the Case Management project. On an annual basis, the Case Manager will receive approximately 50% of the savings realized by the project.

The project hopes to demonstrate that Case Management is a viable and cost-effective alternative to present methods of health care delivery. It is a model that could be expanded to embrace a much larger segment of the Medical Assistance population.

Foster Care Program for Adults

During FY'78, the Massachusetts Legislature passed a bill requiring the Department to establish a pilot foster home program for persons who, due to age or disability, are incapable of living in a home setting without the presence and assistance of another person in the home.

The Medical Division has drafted a proposal for the Adult Foster Care Program which establishes eligibility criteria for aged and disabled residents of foster homes; eligibility criteria for the foster homes, covering such areas as the number of elderly and disabled residents per home, requirements regarding nutritional and personal care services provided in the foster home, and health, fire safety, and space requirements in the foster home; and requirements regarding the medical supervision of foster home residents. The program, as proposed, will provide a family-like setting for one or two eligible participants per foster home who meet the criteria for a Level III nursing home. The criteria include the need for 24-hour supervision, assistance with activities of daily living and intermittent skilled nursing or other therapeutic services. The pilot project for the Adult Foster Care Program will be jointly funded by the Department of Public Welfare and the Department of Elder Affairs. The participant will use his own income to pay the foster family for room and board, reserving approximately \$75 per month as personal needs funds. The medical division will be billed for personal care services in the range of \$100 - \$200 per month. The Department of Elder Affairs will provide administrative funding for the pilot project to pay for salaries and overhead costs for the sponsor of the program.

The Medical Division will evaluate the program's cost-effective and life enhancement features compared to Level III long term care facilities and other alternative modes of care. In the spring of 1980, the Medical Division will report its findings to the Massachusetts Legislature and will recommend whether the program should be extended, altered, or eliminated.

Health Maintenance Organizations

During FY'78, the Medical Division sought to increase enrollment of recipients in health maintenance organizations (HMOs). Studies have indicated that health care provided to recipients enrolled in an HMO can cost up to 35 percent less than care furnished to recipients by fee-for-service providers. Health maintenance organizations emphasize preventive and ambulatory care, so that recipients need costly hospital services less frequently. HMOs also provide a recipient with the advantages of a primary care physician, along with continuity and coordination of medical care.

During the past fiscal year, the Medical Division increased enrollment of recipients in HMOs by 17 percent (to 3400 recipients). The Medical Division now has contracts with every operating HMO in the state. In addition to Harvard Community Health Plan, North Quabbin Health Plan began enrolling recipients in FY'78 and Valley Health Plan and Fallon Health Plan are expected to begin operating in September 1978.

In the spring of 1978, the Governor established the HMO Development Office to help expand current HMO's and to begin new ones. The Medical Division now has a permanent staff member assigned to this office.

To expand the number of recipients enrolled in HMO's, the Medical Division has also started a program which employs CETA (Comprehensive Employment Training Act) workers as recruiters. Two people have already been trained and will begin working in the Valley Health Plan (Amherst) area in August. Ten more recruiters are expected to begin their training in the fall of 1978.

In FY'78, a new computerized membership file and billing system was implemented for the HMO program. The efficiency and accuracy of this new system has reduced the error rate in the HMO billing system from 14 to 3 percent.

Housing Alternatives Program

During FY'78, the Medical Division began a program to promote the development of housing with supportive services as an alternative to institutional care. With the growing emphasis on alternatives to institutionalization, it has been recognized that housing with appropriate support services may be one of the greatest potential alternatives to institutionalization for elderly and disabled individuals. While the role of the Medical Division is clearly not one of providing housing facilities, its role in housing is working with housing and other planning agencies to promote the delivery of support services for existing and planned housing for elderly and disabled persons.

The Medical Division is working with the Departments of Community Affairs and Elder Affairs as well as local agencies in the planning and coordination of congregate housing. Congregate housing is a non-institutional residential shared living environment which integrates the shelter and service needs of the functionally impaired or socially isolated elder who does not require the constant supervision and/or intensive health care of an institution. The Department of Community Affairs will provide funds for housing, the Department of Elder Affairs will provide funds for support service coordination, and local service agencies will continue to provide supportive services. Currently there are nine proposed sites throughout the state for pilot programs involving congregate housing. The Medical Division is also working with the Massachusetts Rehabilitation Commission to address issues relating to housing and to encourage and assist local housing authorities, non-profit agencies and other state agencies in the planning and development of new housing sites for elderly and disabled housing.

Long Term Care Screening Regulations

During FY'78, the Medical Division developed regulations to implement a program of initial screening and continued stay review for long term care facilities. The purpose of these regulations is to ensure that a Medical Assistance recipient receives skilled nursing facility and intermediate care facility services only when available alternatives do not meet the recipient's need, and that every recipient receiving skilled nursing facility or intermediate care facility services is appropriately placed according to the Department's Level-of-Care Criteria. In accordance with these objectives, these regulations will establish conditions for reimbursement for skilled nursing facility services and intermediate care facility services provided to recipients. August 1978 is the implementation date for this program.

Under these regulations, a recipient's need for skilled nursing facility services will be reviewed by a Professional Standards Review Organization (PSRO) or other designated agent of the Department. In areas where a PSRO has not yet assumed binding review, the Department will pay for skilled nursing facility services only when a medical review (including a medical evaluation) of the need for skilled nursing facility services and a written individual plan of care have been provided by the recipient's physician to the facility. Payment for intermediate care facility services requires an interdisciplinary review (covering physical, emotional, social, and cognitive factors) of the need for intermediate care facility services and a written individual plan of care.

Medicaid Management Information System (MMIS)

During FY'78, the Department took steps to prepare for the implementation of a Medicaid Management Information System (MMIS). MMIS is a claims processing system designed by the federal government. The federal government provides 90% federal matching funds for the development of MMIS. Implementation of this system should result in substantial savings to the state through improved detection of duplicate billing and better management reporting. MMIS has the capability to report costs and utilization of medical services for program management purposes. In addition, the system should benefit providers through more timely and more accurate processing of claims.

The MMIS Selection Committee completed its evaluation of the five bidders' technical and cost proposals in the early spring of 1978. Pilgrim Health Applications, Inc., a subsidiary of Arthur D. Little, Inc., was selected to develop and operate Massachusetts MMIS. Contract negotiations with Pilgrim Health Applications, Inc., were commenced and substantially completed by the expiration of the fiscal year 1978. The Department intends to finalize contract negotiations, receive HEW approval of the contract, and perform the majority of MMIS implementation in fiscal 1979.

Medicaid Quality Control Program

To implement federal regulations that became effective on April 1, 1978, the Department is expanding its Medicaid Quality Control Program with third party liability review and claims processing review. Through third party liability review, a reviewer will attempt to determine if other resources are available to a recipient and, if these resources are available, whether they are being used to cover the recipient's medical expenses. Other third party resources may include private health insurance programs, government programs, liability or casualty insurance, or child support obligations. The re-

viewer must establish whether the Department is aware that some third party resource is available and whether the Department has taken action to ensure that the other third party resource is utilized. If the Department makes a payment and a third party resource is available, the payment may be in error. Under federal regulations, the Medical Assistance Program is the payer of last resort. Therefore, it is important that the Department be able to identify other third party resources, and, through action taken to correct these deficiencies, which result in cost savings through maximization of their use.

The Medical Division will also review the adequacy of its claims processing system. In the claims processing review portion of the Medicaid Quality Control Program, a reviewer will examine claims for medical services that are paid during the review month. The reviewer will determine whether claims were paid in accordance with state regulations, billing procedures, and fee schedule requirements. An error exists if a claim does not contain all necessary information, if it is for a service with service or payment restrictions, or if it does not reflect the Department's liability accurately. As a result of this review, the Department will take steps to correct problems in its claims processing system.

Peer Review

The Peer Review Program is a project that was begun during fiscal year 1978 to assess the quality and appropriateness of care furnished by a provider to Medical Assistance recipients. This assessment is conducted by other practitioners in the provider's discipline. During fiscal year 1978, the Medical Division began programs to review physicians and podiatrists. Procedures for the review of optometrists and dentists will be established during fiscal year 1979, and some reviews will be performed. Approximately 25 cases were accepted by the Peer Review Program by August 31, 1978.

The Peer Review Program receives referrals from: the Provider Review Unit following on-site reviews; federal audit or computer-screen programs; recipients; or program directors. Referrals may also be made by other providers, provider organizations, or boards of registration. A review of a sample of claims with supporting medical records and other documentation is performed by a consultant employed by the Department to determine whether further review is justified. This consultant may belong to a different profession than the provider under review; for example, a nurse may initially review a physician. If the consultant recommends that the review process be continued, the provider will be reviewed by practitioners in his own discipline. The Department has contracts with local health care foundations to perform peer reviews for physicians. The state provider

societies for podiatrists and optometrists review members of their professions. The Department has tentative plans to contract with dental consultants for dental reviews.

If the peer groups decide that the provider has furnished unnecessary or inappropriate services, the Department may take administrative action against the provider. Such action may include the recovery of monies, suspension from the Medical Assistance Program, or both. The provider may also be referred to the appropriate board of registration. As of the end of August 1978, \$236,880.00 in overpayments had been identified as a result of peer review decisions.

Policy Unit

The Medical Division has revised the style and overall organization of its regulations. During FY'78, the Department began to write its regulations in a new format called the Code of Massachusetts Regulations (CMR). This format was developed by the Secretary of State for use by all state agencies. The format for this Code is very similar to the format used for the Code of Federal Regulations. Eventually, all of the Department's regulations will be incorporated into the Code of Massachusetts Regulations.

The Medical Division has also developed a Provider Manual Series. Each manual in the series will contain all the administrative regulations, program regulations, billing regulations, billing instructions, and fee schedules pertinent to one provider type. In FY'78, the first provider manual was issued to independent laboratories. Several other provider manuals will be completed in FY'79.

Another innovation of FY'78 was the implementation of a system of provider bulletins. Under this new system, the Policy Unit of the Medical Division coordinates the issuance of all information relevant to providers. The bulletins are numbered and dated and can be sent to one or more provider categories. The result is a better-organized, more efficient method of transmitting information to providers. This system also greatly improves DPW's ability to maintain records of information sent to providers.

During FY'78, the Medical Division drafted an informational pamphlet for social workers. This pamphlet includes a basic description of the administration of the Medical Assistance Program, the role of the social worker, and services reimbursable under the Medical Assistance Program. The purpose of this pamphlet is to provide social workers

with a resource guide to the Medical Assistance Program and to explain their impact on the Medical Assistance recipient file.

Last October the Medical Division issued two informational pamphlets for recipients. One pamphlet concerns the Medical Assistance Program; the other pamphlet is limited to General Relief recipients. Included in both pamphlets is a description of the basic services reimbursed under the program and the rights and responsibilities of recipients.

Project Good Health

Project Good Health (PGH), the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program in Massachusetts, is a program for recipients under twenty-one years of age. Federal regulations require the Department to ensure the availability of comprehensive and preventive health care services and to assist recipients in obtaining these services. In Massachusetts, screening, diagnosis, and treatment are typically made available through a single comprehensive health care provider.

Through Project Good Health, the Department seeks to:

- identify recipients who are not receiving regular health care services;
- create an awareness of the availability and value of preventive health care services;
- encourage recipients to use existing preventive health care services;
- ensure the early detection and prompt treatment of health problems before they become chronic or irreversible.

In January of 1978, a consent decree was issued by the court as a result of the Vega vs. Bloomsburgh case. This is an out-of-court settlement in the form of an agreement between the Department and the plaintiffs, approved by the court, with stipulations which the Department must meet. These stipulations concern outreach, provider recruitment, case management, Department staff training, and reporting requirements. The Department is attempting to comply with the stipulations of the consent decree and has first concerned itself with the activities of the AP workers and the PGH specialists.

A major effort to enlist the participation of health care providers will be launched in August 1978 and the Department's provider recruitment effort will be an ongoing part of the program.

The Department has also been working to avoid penalties for failure to comply with federal EPSDT requirements. In meeting the federal mandate to provide outreach and education, a new series of informational pamphlets was developed and will be ready for distribution in the fall of 1978.

Psychiatric Day Treatment/Day Habilitation Centers

During FY'78, the Medical Division promulgated revised conditions of participation for psychiatric day treatment centers. These conditions were developed in cooperation with the Department of Mental Health.

Psychiatric day treatment/day habilitation centers offer an alternative to institutionalization for Medical Assistance recipients; this is particularly true of day habilitation centers. It is anticipated that a significant portion of the recipients served by day/habilitation centers will come directly from state schools. These recipients are functioning at a level where they do not require 24-hour care, but do need the specialized medical and restorative services that can be provided only in the setting of a day habilitation center. These centers will thus provide recipients with appropriate and less expensive care.

Second Opinion Program

The Medical Division promulgated regulations in 1977 which established a second opinion program in Massachusetts, called the Consultation Program for Elective Surgery. This program was mandated by the Massachusetts Legislature in 1976 in an effort to determine the extent of unnecessary surgery. As a condition of reimbursement for all providers of medical and hospital services, recipients electing to undergo designated surgical procedures must obtain qualified and independent judgements from a specialist concerning the medical necessity of the proposed surgery. If the specialist believes that the surgery is medically necessary, the recipient must obtain a second opinion in order to have the surgery reimbursed. However, even in the case where two consultants have recommended that the surgery is not medically necessary, it will be reimbursed if the recipient chooses to have it.

The program now has been implemented state-wide. As of May, 1978, the Medical Division has contracted with five regional health care foundations which act as referral centers. In FY'78, approximately 2300 recipients received second opinions. Approximately 12% of these recipients received negative opinions concerning the recommended surgery. DPW projects an estimated savings of \$1 million a year in surgical procedures deemed unnecessary and not performed.

The Medical Division received a \$100,000.00 grant to evaluate its second opinion program. The results will show the cost-effectiveness of the program and its impact on surgery rates. This grant will be effective as of September 29, 1978.

III. POLICY REVISIONS

During the past fiscal year, the Medical Division issued a number of new or revised regulations. These regulations include:

- revised regulations concerning utilization review, administratively necessary days, and pre-operative stays.
- limitations on the prescription of peripheral vascular drugs .
- an expanded list of reimbursable life-sustaining drugs for General Relief recipients which includes all forms of potassium chloride electrolyte supplements.
- revised regulations concerning the recovery of monies from long term care facilities due to retroactive rate adjustments which allows a method of repayment by the provider through deductions from current and retroactive payments when a lump-sum settlement is financially impossible.
- requirements concerning the withdrawal of Level II and Level III long term care providers from the Medical Assistance Program.
- revised regulations concerning family planning services .
- new regulations for chronic disease and rehabilitation hospitals .
- implementation of Periodic Medical Review recommendations regarding level-of-care requirements in multi level facilities .
- new regulations concerning radiology services furnished in a neighborhood health center .
- new and revised regulations for pharmacy providers including a written prescription requirement for all drugs in Schedules II through V of the Massachusetts Controlled Substances Act .
- regulations adopting a separate rate of payment for administrative days in acute care hospitals .
- a revised fee schedule for restorative services .
- revised regulations governing Project Good Health which include health assessment criteria for adolescents and young adults .

IV. PROJECTS FOR COST CONTROL

	<u>FY '78 Savings (in millions)</u>	<u>Projected FY '79 Savings (in millions)</u>	<u>Projected FY '80 Savings (in millions)</u>
Third Party Liability Edit	\$ 12.1	\$ 13.2	\$ 14.7
Nursing Home Patient Resource Controls	4.0	4.2	6.0
Administratively Necessary Days	8.3	10.0	10.0
Hospital Rate Refinements			
Limit on Base Year Costs	4.0	9.0	9.5
Occupancy Rate Penalties	2.7	6.0	7.0
Outpatient Department Charge Freeze	2.0	2.3	2.8
Chronic Hospitals Controls			
Overpayments	1.2	1.3	1.4
Downgrading/Closing	1.9	5.0	11.0
Drug Program Controls			
Medication Control Program		.3	.4
Written Prescriptions	.4	1.0	1.1
Estimated Acquisition Cost Controls		1.6	2.2
Maximum Allowable Cost Controls		.75	1.5
Health Maintenance Organizations	.3	.4	.5
Utilization Review			
Provider and Peer Review	1.2	1.4	1.7
PSRO Monitoring		.05	.1
Case Management			.3
Second Opinion	<u>.9</u>	<u>1.0</u>	<u>1.2</u>
TOTAL	\$ 39.0	\$ 57.50	\$ 71.4

Chapter Five

OFFICE OF FIELD OPERATIONS

I. OVERVIEW

The goal of Field Operations is to implement Departmental programs for providing income maintenance, social services, and medical services to eligible families and individuals throughout the state. This goal of implementation is distinct from the goals of other divisions within the Department, whose concerns are with the design and refinement of policies and procedures, or with the achievement of management supports.

Field Operations consists of three organizational levels. On the local level, there are 100 welfare offices across the state, which provide direct services to eligible recipients. Thirty-eight of these offices are designated as Community Service Area Offices (CSAO's); these offices provide a wide range of social services, ~~income maintenance services, and medical services.~~ The remaining sixty-two, called Welfare Service Offices (WSO's), provide only financial and medical assistance directly, but serve as conduits to the CSAO's for social service applicants.

Each local office is under the authority of one of six Regional Offices. The major responsibility of the Regional Offices is the provision of management support to the local office, through the monitoring, evaluating, and coordinating of their activities. These offices also house staff who provide a number of direct services.

At the organizational apex of this division is the Office of Field Operations, located in the Department's Central Office. OFO is headed by the Associate Commissioner, who reports directly to the Commissioner, and who carries sole responsibility for managing field activities statewide. In addition to field management staff, the Associate Commissioner directs a central office staff of approximately 50 persons who are responsible for providing the links between central office divisions and field staff, and for developing mechanisms to improve field management and service delivery.

II. THE REGIONAL OFFICES

The Regional Offices represent the middle management function within the Department; their location in six geographically dispersed sites similarly represents a kind of midpoint between the centralized management functions in Central Office, and the decentralized service delivery functions in the local offices. The six regions vary greatly in the size and characteristics of their populations, their recipient caseloads, their geographic areas, and in the number of offices and staff they contain.

The Department looks to Regional Managers to deal effectively with these differences. They are expected to implement programs and manage functions in a manner that is consistent both with Central Office directives, and with the particular needs and constraints presented by their regions. Regional management is essential to achieving accountability in the local offices, and to insuring quality in service delivery. A Regional Model focuses the efforts of regional management staff - the Regional Manager, and the Associates for Assistance Payments, Social Services, and Administration - on managing local offices. This Model provides the definition of those functions which are necessary for effective Regional management. Essentially, these functions are of three types:

- Personnel Deployment: Securing and assigning personnel to meet field staffing needs as efficiently and effectively as possible, including the hiring, promoting, and transferring of staff as needed, and the clarification of task assignments. Given the limited numbers of staff, this function requires continual effort and considerable ingenuity.
- Coordination/Integration: Developing mechanisms to insure coordinated functioning among the various units and offices, under regional office authority, as well as between these offices and the community.
- System Management: This functional heading is divided into three areas;

Policies and Procedures Implementation: The installation of new or altered policies and procedures, including the establishment of goals, identification of resources, and assignment of tasks.

Monitoring: Monitoring system function/dysfunction, on an ongoing basis; mechanisms include onsite visits to the local offices by regional management staff, and the analysis of management reports. This is a key function, in that through it, regional management determines whether the units under its jurisdiction are fulfilling their responsibilities.

Evaluation: The assessment of the functioning of new policies and programs, for the purpose of revising implementation plans, or seeking revision in the policy, if necessary, and the ongoing evaluation of local office operations, including staff performance.

The Model provides for sufficient and appropriate staff to the Regional Managers and their Associates to carry out these functions.

In addition, the Model attempts to free up regional management from the direct supervisory and service delivery functions. Where possible, this has been accomplished by redeploying functions to either the local or central level. However, certain functions remain in the regional office. The Model provides a Regional Supervisor for Direct Services to oversee the direct service functions, including Protective Services and Homefinding, and an Information and Referrals Coordinator to deal with complaints and requests.

III. THE OFFICE OF FIELD OPERATIONS

The Office of Field Operations (OFO) consists of five major units: Assistance Payments, Social Services, Field Management and Support Services, and Special Projects. The directors of these units report to the Associate Commissioner for Field Operations.

ASSISTANCE PAYMENTS AND SOCIAL SERVICES

The Program Directors for Assistance Payments and Social Services are charged with the management of Department Programs in the field. Each carries responsibilities in four major areas. First, the Director participates in the development of policies and procedures, and shares draft material with management and service delivery staff to obtain their comments. Second, the Director is responsible for the implementation of policies and procedures in field offices - for planning the implementation, providing directives to management staff, and monitoring the results. Third, the Director provides ongoing direction to management staff responsible for service delivery, through meetings with the Regional Managers and Associate Regional Managers, and on-site visits to field offices. Finally, the Director responds to the individual concerns of clients, foster parents, legislators, or community groups, that are brought to the attention of Central Office.

During FY'78, a number of projects and changes took place in both assistance payments and social services, frequently requiring the combined efforts of Field Operations and other Central Office divisions. The following were begun or completed during FY'78.

ASSISTANCE PAYMENTS (AP/OFO)

Forms Revision

The forms consolidation committee completed revising the AP-1 AFDC Application, the AP-2 Redetermination form, and the HE-3 AFDC Budget Worksheet. These revised forms were distributed to the field in February, 1978.

Presently, Field Operations staff are meeting with Assistance Payments staff and field workers to revise the Medical Assistance (Medicaid) Application Forms SS37 and SS37A. The revised application for Medicaid will be in draft form for September, 1978. The expected distribution date for the revised medicaid application to the field is January, 1979.

Policy Review

AP/OFO continued to work closely with the AP program staff on draft policy. All AP policy is reviewed as to its practicability and clarity for the field. Comments received on draft AP policy from the statewide review committees are discussed in monthly AP program meetings. AP program staff will endeavor to ensure that field input on new policy is given appropriate consideration.

Emergency Assistance (EA)

All Emergency Assistance home repairs over \$500 are authorized by AP/OFO. For FY'78, \$205,950.60 was expended for home repairs by the Department of Public Welfare and authorized by OFO. Approximately 162 EA home repair requests were reviewed and authorized by OFO. During FY'79, AP program staff will develop policy to limit the number of EA home repairs.

Priority Corrective Action

The AP/OFO Unit has begun the process of collecting data from each WSO/CSAO on the availability of Public Welfare Manuals in the field. After this process is completed, new manuals will be distributed to the field.

SOCIAL SERVICES

Management Reports - The social services unit has sought to improve the quality of information available to management. Central to this purpose was the revising of the SA-35 Series, particularly for protective services staffing and caseloads, and the installation of the Protective Service Logs, which provide basic information regarding service provision and staffing needs in this critical area. Further, the social services unit maintains a daily count of the number of protective reports received in each region, and a weekly accounting of the rate at which protective cases are referred and assigned for treatment.

Temporary Home for Women and Children - Considerable effort was expended to upgrade the services and physical plant at the Chardon Street Home. A task force meets regularly to clarify procedures and areas of staff responsibility. Additional service staff were hired, including social workers and child care workers. A petty cash fund was established for use by the residents. Physical repairs have been made, including the deleading of all painted surfaces. Continuous efforts are underway to create a more home-like atmosphere at this temporary facility for women.

Protective Service Model - A new model for the delivery of protective services, which establishes uniform standards and procedures statewide, was implemented during FY'78. The model provides that all protective service referrals are screened and assessed by specialized regional units, and that, upon completion of the assessment, all cases requiring service are transferred for treatment to designated social workers in the local offices.

Foster Care Review - A new foster care case management and review system was implemented statewide in FY'78. Through this system, social service workers are able, without quarterly case reassessments, to track the progress of foster children toward permanent planning.

ADMINISTRATION AND PERSONNEL SERVICES

The Administration and Personnel Services unit establishes centralized control over all administrative functions in the field. The Director is responsible for providing direction and technical assistance to regional administrative staff. At the same time, this unit provides support to the Associate Commissioner and other OFO units in the exercise of their field management responsibilities. The unit maintains information regarding current staffing

levels and patterns throughout the field structure, and helps to develop staff resources by locating and filling vacancies, and to plan for effective staff utilization, given existing priorities in the field and budgetary limitations. The Director oversees promotions and upgradings of field staff, addresses equipment and space needs in field offices, and helps to prepare the appropriate budget requests.

The following projects or changes have taken place during FY'78.

Sub-State Boundaries - As of June 30, 1977, the Department had accomplished a realignment of its Community Service Areas and Regions, with the exception of the Boston-Brookline area, to conform to the Sub-State District, as called for by a December, 1974 directive from the Executive Office of Administration and Finance. The new boundaries are consistent with both the designated Health Service Areas and the Title XX social service areas, and were adopted in order to improve state planning, coordination among Human Services Agencies, and the collection of statistics. For the Department, this change involved transfers of cases, staff, and management responsibilities.

Local Office Consolidation - The Department has continued the process of consolidating local welfare offices, to increase efficiency and accountability and to insure uniform application of programs. During FY'78, in accordance with required procedures, the Department completed the consolidation process with the closing of 19 offices.

Local Advisory Boards - In accordance with Chapter 18, Section 7 of the General Laws, the Department, advisory board in each Community Service Area. These boards are comprised of community representatives, with special provision for membership by recipients of assistance. These boards advise the Department concerning the needs and resources of the area, ways to improve the quality of services, annual plans and budgets, and the selection of the CSA Director, when this position becomes vacant.

In December 1977, the Department established a new position, titled Community Liaison, to work directly with the Community Service Area Advisory Boards. The Community Liaison, located in the Office of Field Operations, is responsible for:

consulting with CSA Directors and local advisory boards; coordinating the activities of the local boards with those of the State Advisory Board; ensuring that local boards are advised of Departmental issues and actions which come under the review of the boards, and that the boards' positions on such matters are communicated to the Department; and serving in an ombudsman's role for the local boards in order to provide information and technical assistance.

Between December 1977, and the end of the fiscal year, a number of steps were taken to significantly improve the operation of local advisory boards and to improve communication between the boards and the Department. Channels of communication between the boards and the Department have been improved and more clearly defined as follows:

- an access procedure has been established by the State Advisory Board to provide local advisory boards with a clearly defined means of bringing their concerns and positions before the State Board and the Department;
- a project clearinghouse for the boards has been developed by an outside consultant on Citizen Participation. This file will be distributed during August 1978;
- and a subcommittee of the Committee on Local Boards has been developing a procedure by which local boards can have input into the Purchase of Service process.

In addition, the Commissioner has begun a series of visits to local advisory boards in order to exchange ideas, concerns and questions; In FY'78, the Commissioner met with the boards in Lowell, Norwood, and Framingham in this context and further visits are planned during FY'79.

A number of projects are planned for FY'79. A statewide conference of advisory boards is planned for the Spring of 1979. This conference will focus on improved board functioning, educational presentations, and workshops. Training in citizen participation is being developed for Department staff involved in working with advisory boards. This training should be completed early in 1979. Board participation in the Title XX Planning Process and Area Strategy will be improved and increased.

Statistical Reports - The Administration and Personnel Services unit has primary responsibility for maintaining staffing and caseload reports. A statistical unit, recently transferred from the Office of Research and Planning, is located here, and presently maintains reports dealing with AP and SS case carrying staff and staff requirements, Food Stamp recertifications, General Relief applications, and Emergency Assistance authorizations. All of these reports are manual, and a long-range goal is to replace as many of them as possible with an automated collection system.

FIELD MANAGEMENT AND SUPPORT SERVICES

The Director of Field Management and Support Services is responsible for the development and implementation of mechanisms to improve the skills of field managers. The Director supervises five units within the Office of Field Operations; the Field Operations Review and Support System (FORSS), Field Information Systems, the Training Unit, the Hispanic-Portuguese Program and the WIN Unit.

Field Operations Review and Support System

The Field Operations Review and Support System (FORSS) provides the Department with a direct accountability system by monitoring and evaluating CSA functions. FORSS consists of a three-member team working with local office staff to analyze operations, identify problem areas and develop plans for improvement. As a result of the FORSS reviews done to date, specific CSA improvements have been made in the areas of intake, clerical deployment, social services supervision, time accountability, space management, and CSA-Regional-Central Office cooperation.

Field Information Systems

Through the Field Coordinator for Information Systems, Field Operations was able to develop more suitable information systems for field management use. These included revisions in the foster care payment system, foster home reauthorization forms, and the foster parent master file. The most dramatic accomplishment of the year was the coordination of the state's assistance programs during the "Blizzard of '78". The Office of Field Operations not only supervised the delivery of food vouchers, food stamps, and fuel vouchers to those afflicted by the disaster, but also designed the accountability system for reporting to the U.S. Department of Agriculture the total figures of dollars dispensed.

Training Unit

The Training Unit consists of twenty-five professional and administrative staff, located in Central Office and in the six Regional Offices. These staff are responsible for a variety of programs, including orientation for new staff, in-service training regarding program revisions and skills development; the Unit also performs needs assessments, develops training packages, and presents these packages to Department staff. During FY'78, major efforts were concentrated in the following areas:

Assistance Payments Orientation - The orientation program for new Assistance Payments workers was divided into three segments: Case Grant Programs (Aid to Families with Dependent Children and General Relief), Medical Assistance, and Non-Public Assistance Food Stamps. In continuous stages of revision, due to incorporation of program changes, these programs were also used as a basis for in-service training programs. AP trainers also developed the Disaster Assistance Program and trained relevant staff both inside and outside of the Department in its implementation.

Social Service Training - There were four areas of concentration during this past year: Orientation to Social Services, Supervisory Training, Child Abuse/Neglect Training, and Protective Services Training specifically tied in to the new protective service model. In addition, a variety of other kinds of training took place. Through a cooperative effort with the Massachusetts Dairy Council, Nutrition training was provided throughout the state. By means of "426" Training Grants, two training programs were provided to DPW service staff: one at Simmons, entitled: "Law and the Function and Role of the Social Worker in the Department of Public Welfare" taught by Ruth Arlene Howe, and one at Boston University, entitled: "Family Centered Casework" taught by Millie Flashman. Finally, two groups of service staff, one from Boston and one from Greater Boston, received training in Human Growth and Development taught by a member of our own training staff.

Title XX Training- The Field Operations Training Unit worked in conjunction with the Title XX Unit and the EOHS Task Force in performing a comprehensive inter-agency needs assessment of Title XX direct-service staff; developing the Title XX Training Plan; coordinating the six Regional Task Forces on Training and Retraining; and working with specification panels on curriculum development.

The unit coordinated the enrollment of department staff for the Spring 1978 Title XX courses. Within the department the unit has utilized Title XX as a funding resource. Together, the Field Operations Training Unit and the Title XX Unit have been engaged in exploring special projects under Title XX Training for Department staff.

Supervisory/Management Training

Participation Management for Directors

(On-going Demonstration)

This program continues in the Greater Boston, New Bedford and Lawrence Regions and includes the Directors of 30 local offices. The number will increase with the expansion of the membership of the New Bedford Region to include WSO Directors in addition to CSA Directors. The response to this management support activity has been excellent. This program prepares a wide range of management resource materials for each Director.

The focus of this activity is a review of the nature and role of management in the public sector; it identifies specific functions management is called upon to perform. The goal is the strengthening of the Director's role within the structure of the Department.

Coopers/Lybrand Management Training

(Special Project)

Supportive management training to AP Supervisors was presented weekly in Lynn, Fitchburg, New Bedford and Framingham for a period of 4 months beginning February 1977. The supervisory portion of the training included: corrective action planning, scheduling in advance, the available hours concept, the concept of percentage goals, how to maintain concern about accountability. This supportive management training included approximately 30 supervisors.

Supervisory Skills Training

(Orientation for New Supervisors)

Supervisory skills training was offered July 1977 to all new supervisors appointed to supervisor positions from January 1977 thru July 1977. This training was given to approximately 30 supervisors in each region.

Management Training in Disaster Operations

The Office of Field Operations and Training are now actively involved in developing guidelines for management operations in time of emergency. A committee was formed in May and includes 9 Directors from offices hit the hardest by the "Blizzard of 78". Recommendations are now being made with regard to preparing a management support package in conjunction with Civil Defense. This package will be delivered to all directors throughout the state.

Clerical Training - A training program entitled "Secretarial Seminar" was provided for 75 clerks (Grades 6 thru 9) through a contract with Mass Bay Community College; 150 Clerks (Grades 3 to 6) were provided with a 4 day workshop in Basic Clerical Training as well.

Educational Leave - Implemented this year was a revised Educational Leave Policy, Full-time and Part-time. During the year, 15 applicants were granted Full-time Educational Leave, 4 of whom will be matriculating toward a Baccalaureate Degree. A regional quota system was established for part-time Educational Leave Program and a system is in place to monitor the scope and direction of this program.

The MPA Satellite Program - During this past year the Department's sponsorship of the Suffolk University MPA Program came to an end, with fifteen individuals either completing or near completion of degree requirements. Toward the close of the year negotiations were underway with Boston State College Public Management Program to provide courses at a Central Office site if the response is sufficient to warrant it.

Evaluation - The evaluation procedure which was implemented in 1977, involving the evaluation by the participant of the trainer and of the training content, is still being used and often identifies new areas for training concentration.

Hispanic-Portuguese Program (HPP)

The goal of this program is to help the Hispanic and Portuguese population of Massachusetts achieve self-sufficiency. HPP staff seek to upgrade Department services to these populations, to strengthen cooperation between the Department services to these populations, to strengthen cooperation between the Department and community groups, and to support the development of community services agencies.

To implement the goals enumerated above, this unit has served internal as well as external functions. Internally, staff has assessed the bilingual needs of DPW and has, in conjunction with Regional Managers and the affirmative action office set bilingual personnel goals, recruiting and testing over 250 individuals to fill these positions. A resumé bank has been established as a valuable recruitment tool.

HPP staff has provided consultation services to Inquiries and Referrals, Research and Planning, Title XX, and Purchase of Services. The Unit is closely involved with the development and funding of Escuelita Aguaybana (Day Care Center) and Casa Myrna Vasquez (Battered Womens Program). In addition, HPP has performed translation functions for all department units.

Externally, the HPP program works with a variety of government and community agencies, groups and individuals. This past year, efforts have been made in various areas. Principle among these is the Puerto Rican and Hispanic Coalition of Massachusetts. This organization was responsible for the establishment of the Governors Council on Hispanic Affairs.

The Hispanic and Portuguese Resource Directory for Massachusetts which was compiled, produced and distributed by the HPP unit, should be in the field by the end of November. This third edition, one of our major projects, will be a valuable tool to all personnel who deal with Hispanic and/or Portuguese people. Its ready reference- style will facilitate referral work as well as help develop a support network for the effective resolution of client problems.

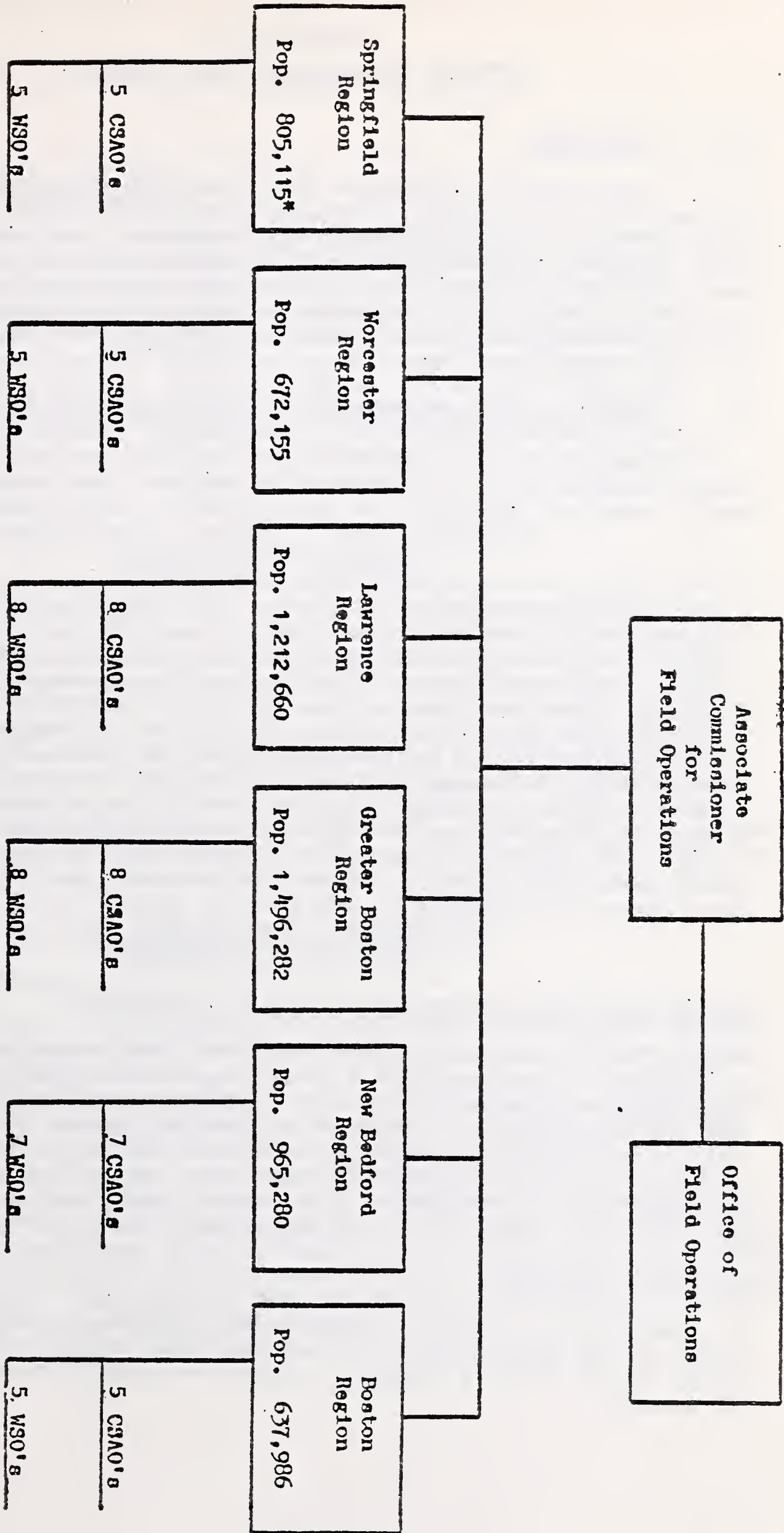
WIN Unit

The primary goal of the WIN Unit is to promote self-support of AFDC clients through training and employment. The WIN Unit provides program direction and field management for both social services and assistance payments through the six Regional Offices. WIN Coordinators, located in each region, are assisted by two CETA-appointed Work Experience Specialists.

At the three-quarter mark of WIN's Fiscal Year (June 30, 1978), 7500 AFDC WIN clients had entered employment. Conservative estimates anticipate over 10,000 AFDC clients will have entered employment by the end of the WIN Fiscal Year (September 30, 1978). WIN expects to exceed last year's figures by an estimated 1000 clients entering unsubsidized employment. Grant reductions will exceed \$26 million; by applying an 85% retention rate, the final figure is expected to exceed \$22 million dollars.

In addition to the regular WIN program, which includes the Work Experience Program for Unemployed Fathers (WEP), the WIN Unit monitors AFDC cases where the head of the family is involved in the Supported Work Program through Transitional Employment Enterprises (TEE). This monitoring effort actually involves changing the Public Assistance budget on 50 TEE cases. As of June, 1978, this function is being performed by a CETA worker, supervised by the Assistant WIN Director. Referrals to the Massachusetts Rehabilitation Commission continue as issues, problems and projects surface.

FIELD OPERATIONS



* All population figures taken from 1975 Massachusetts Census.

OFFICE OF RESEARCH AND PLANNINGI. OVERVIEW

The Office of Research and Planning, with approximately fifteen full-time staff, provides the Commissioner and the Executive Staff with the professional research, evaluation, and data analysis necessary for making policy, budget, and management decisions. The Office also prepares federally required statistical reports, and provides public information to the legislature, state officials, advocacy groups, the academic community, and the general public.

II. MAJOR ACCOMPLISHMENTS IN RESEARCH AND EVALUATION

During FY'78, R&P completed research and evaluation projects dealing with: welfare policy reform, performance measurement, caseload dynamics and demographics, and program evaluation.

WELFARE POLICY REFORM

Together with the Office of the Budget, the Office of Research and Planning played a major role in this past year's efforts to develop and pass major federal welfare reform legislation. Representatives of the two offices worked through the National Governors' Association (NGA) to modify the proposed legislation submitted by President Carter and to support the revised version reported out by the Special House Subcommittee on Welfare Reform which reflected most of the changes requested by the states. When the Special Subcommittee bill no longer appeared to have a chance of passing, the Department's representatives were involved in the NGA's last-minute effort to put together a compromise that could pass this year; while this effort failed, it probably made the passage of compromise legislation in 1979 much more likely.

PERFORMANCE MEASUREMENTEffects of introducing productivity standards

During 1977, the Department instituted assistance payments worker productivity standards on a pilot basis in 4 local welfare offices. Utilizing a carefully constructed quasi-experimental design, including the matching of "control" offices to "experimental" offices, R&P evaluated the effects of introducing the new productivity standards. At the most general level, the evaluation concluded that the introduction of productivity standards resulted in workers completing an increased number of eligibility redeterminations.

Fortin V. Minter

In response to a court suit brought against the Department, R&P prepares an on-going series of reports which monitor the speed with which local welfare offices process new applications for AFDC and GR grants.

Quality Assurance Document

Based upon almost 1000 case record reviews of AFDC cases conducted as part of a larger HEW-funded project, R&P developed a Quality Assurance Document for measuring the effectiveness of AFDC payments administration in local welfare offices. The QAD is an efficient 7-page form, consisting of error-related indicators of both policy violations and departures from standards of prudent payments administration. Using the QAD, reviewers can accurately predict the error status of almost 80% of reviewed AFDC cases. The Office of Assistance Payments has assigned 5 reviewers to review sampled AFDC cases in the Commonwealth's 20 largest local welfare offices.

Definition of Work-Related Factors in AFDC Decisions

The Department of Health, Education and Welfare funded this multi-year project to investigate the relationship between AFDC errors and workers', unit supervisors', and local welfare office directors' characteristics and attitudes, as well as supervisory unit and office characteristics. Data were collected on almost 5000 AFDC cases, 700 assistance payments workers, 130 unit supervisors, and 33 office directors in 33 randomly sampled local welfare offices. The study uncovered a host of specific factors affecting AFDC error, including director and supervisor of the administrative styles, supervisor expectations about the volume of work, worker perception of knowledge of AFDC policy, and various AFDC case characteristics. Based upon the factual findings, the study also generated a series of practical recommendations for reducing AFDC errors.

CASELOAD DYNAMICS AND DEMOGRAPHICS

Longitudinal Dynamics

Semi-annual surveys of new AFDC-Basic and AFDC-UF recipient populations in Massachusetts are now being conducted. The surveys obtain information on recipient demographics, welfare history, and work history for the particular "sample month" and for use in identifying long term changes in caseload characteristics. The new recipient questionnaire was "pretested" in September and October 1977, and fielded again in May 1978. As a result of careful follow-up and careful questionnaire design, 68% (759) of sampled AFDC recipients responded to the May mail questionnaire. The survey indicates that the average new recipient of AFDC-Basic is a 29-year-old non-minority woman with 1.9 children (not including the 21% who were pregnant with no other children); the average new recipient of AFDC-UF is a 33-year-old non-minority man with 2.1 children.

Former Recipients

During August and September 1977, a mail questionnaire for former recipients of AFDC-Basic and AFDC-UF was pretested for possible inclusion in the longitudinal dynamics series. The survey's findings portray the average former recipient of AFDC-Basic as a 32-year-old non-minority woman with an 11th grade education and 2 children.

The 1977 Recipient Characteristic Study

The Characteristics Study is a bi-annual study requested by HEW to determine demographic and other characteristics of recipients. Formerly, characteristics on only AFDC, aged and disabled recipients were requested. This year HEW expanded the study to include social services to AFDC and SSI recipients and also Medicaid services to AFDC recipients. Another feature that HEW instituted was the prescription of the sample selection of AFDC recipients in such a manner that the sampled recipients can be tracked in subsequent years. A sample of 456 AFDC and 1417 SSI cases was selected for this study.

PROGRAM EVALUATION

Title XX Training-Retraining

R&P evaluated the effectiveness and impact of the FY'78 Title XX Training Program. Major sources of evaluative data were questionnaires administered to trainees and trainers immediately following training. Approximately 1000 trainees and 100 trainers were surveyed, with response rates of 65% and 78% respectively. The evaluation yielded information specific to each institutional sponsor of training programs and to each individual training program. This information has been employed by the Department's Title XX Unit in awarding funds for FY'79 training, and by the Interagency Training/Retraining Task Force and individual training sponsors in planning and implementing future training programs. Although generalizing about 9 training sponsors and 28 individual programs often proves deceptive, the findings show that training was perceived as valuable and applicable to trainees' job responsibilities; major deficiencies identified by trainees and trainers centered on the need for improving the administrative process and refining program content.

Group Care

This study evaluated the group care case responsibility model currently employed by the Department. All 24 Group Care Unit workers and a sample of 101 generalist workers handling group care cases completed questionnaires. Among other findings, the study revealed that tension over divided case responsibility existed between GCU workers and generalists.

Recommendations included either incrementally improving the current case responsibility model through rewriting and clarifying present policy, or basically altering current policy through transferring to CSA-based generalist workers all case management functions which involve dealing with individual children and their families.

Day Care Reimbursement

This study measured the effect of modifying the reimbursement policies to providers of day care in November 1976. The modifications provided an incentive to increase attendance ratio in day care centers and eliminated an inequitable formula whereby 79% attendance would return only 70% of full payment. The modified reimbursement policy required an 85% attendance level to obtain full payment rather than 80%.

The Medicaid Spend-Down Study

A pilot study was made of applicants for medical assistance who received a Department form letter in response to their application for medical assistance. The letter instructs the applicant that he must show, as a prerequisite to receiving Medicaid, that his total incurred medical expenses in a 6-month period exceed the "spend-down" amount--the computed applicant's share based on his "excess" income. The purpose of the study was to assess the reaction of applicants (sampled from the Boston region and certain selected offices in the Greater Boston Region) to their receiving the Department letter. The data clearly indicate that few applicants understood the meaning of the letter and many interpreted it as a rejection of their application.

OTHER RESEARCH ACTIVITIES

Proposal Preparation

R&P often plays a major role in the Department's preparation of proposals for obtaining federal research and demonstration funds. During FY'78, R&P assumed primary responsibility for designing and submitting three proposals: planning for possible pilot implementation of a Monthly Income Reporting system in 2 Boston offices; evaluating the experimental implementation of family financial responsibility for parents in long-term care; and evaluating the experimental implementation of a Work Experience Program for AFDC-UF recipients. R&P also designed the evaluation scheme for a proposal to provide severely disabled recipients of Medical Assistance with personal attendant care while experimentally waiving present regulations which act as disincentives to employment.

Consultation

R&P regularly provides consultation and assistance to other Department units seeking advice and guidance on small-scale research tasks. For example, a computer program was written to compile monthly statewide and regional statistics on all active CHINS cases, and an analysis was completed of the characteristics of all protective service reports screened out during April 1978.

III. ON-GOING STATISTICAL REPORTS COMPLETED DURING FY'78

There were four major areas of ongoing reporting:

The Annual Statistical Supplement, "closing the books" on expenditures and caseloads for FY'77.

Quality Control Reporting

Semi-annual Q.C. reports on error rates in the AFDC, Food Stamps, and Medicaid programs, are prepared on request. The corrective actions based on the findings of these reports are discussed in the chapter on Assistance Payments.

Title XX Reports

This is the basic Federal statistical reporting system for Social Services provided by the Department.

Miscellaneous Federal Reports

Included in this category are reports on fair hearings, recipient fraud, WIN, family planning, adoptions, medical care and expenditures, as well as reports on public assistance standards, caseloads, case openings and closings.

IV. ACTIVITIES PLANNED FOR FY'79

During FY'79, R&P will geminate into two units: Research and Evaluation and Reports and Statistical Services within the Office of Finance. This division will provide an opportunity for further professionalization of research, and for closer connections between receipt of federal revenue and federal statistical reporting.

During FY'79, the Research and Evaluation Unit will complete or undertake the following studies:

WELFARE POLICY REFORM

Monthly Income Reporting

Planning will occur for the evaluation of an experimental system (to be instituted in 2 Boston offices) involving monthly reporting of eligibility by AFDC recipients.

Attendant Care for Employment

A pilot program for severely disabled recipients of Medical Assistance will be evaluated. The program provides attendant care while experimentally waiving present regulations which act as disincentives to employment.

CASELOAD DYNAMICS AND DEMOGRAPHICS

Longitudinal Dynamics of AFDC

Semi-annual surveys will continue to describe demographic characteristics and welfare and work background of new and current AFDC recipient populations in Massachusetts.

Panel Study of AFDC Recipients

The panel study would follow a fairly large cohort of welfare families over a multi-year period, on and off welfare, looking at the mix of work and welfare, the utilization of medical and social services, and the impact of policy changes and economic and demographic variables on the caseload.

Child Abuse

A review of all child abuse reports filed in May 1978 will be completed. Our purposes are to understand the characteristics of these families, to attempt to estimate the need for supportive social services, and to lay the groundwork for a follow-up study of actual service delivery and results.

Child Abuse Panel

A sample of cases reported during May 1978 will be followed to determine which Department services were recommended and delivered, and what factors affected disposition and re-entry.

PROGRAM EVALUATION

Title XX Training

FY'79 Title XX-funded training programs offered to direct service providers throughout the Commonwealth will be evaluated.

Child Care

Adequacy, costs and benefits of child care arrangements being used by working AFDC parents will be evaluated.

Battered Women

Community-based programs providing services to battered women will be evaluated.

In addition to these studies, the Research and Evaluation Unit will also conduct a study of staff preferences concerning reorganization of the Department and the creation of the new Department of Social Services.

Chapter Seven

OFFICE OF FINANCE

I. The Office of Finance consists of three major units. The financial operations unit is responsible for controlling issuance of and accounting for the department's payments, totaling about \$1.5 billion annually, to recipients and providers of welfare services. The Office of Federal Revenue is responsible for reporting expenditures to the federal government and insuring that proper federal reimbursement is obtained. The Business Agent's office is responsible for purchasing of equipment and supplies, procuring office space and providing printing services for the entire department.

II. OPERATIONS UNIT

In FY'78, the department spent approximately \$1.473 billion: \$658 million was spent in assistance payments to recipients, \$645 million was spent in medical services, \$99 million was spent in social services and \$76 million was spent in administration. The assistance payments portion consists of \$118 million in SSI dispersed by the federal system and \$541 million in AFDC, GR, Food Stamps and emergency needs dispersed by the department. Semi-monthly checks to 140,000 households total an annual volume of approximately four million checks.

The medical payment system, composed of two major internal systems for institutions and physicians and two contracted systems operated by Blue Cross and Pilgrim Health Applications, Inc., processed over 16 million claims in FY'78. Social Services were paid for through two internal systems and through the State Comptroller's system. Administrative expenses, of which \$65 million was for salaries, were paid through the State Comptroller's system.

The functions of the operations unit are listed below.

Processing of payments for recipients, welfare vendors and welfare administration, which included:

- requesting funds from and reporting expenditures to the state comptroller.
- monitoring payments from receipt of invoices to mailing of checks, determining availability of funds and validity of payments.
- adjusting payments, making occasional manual payments and correcting computer payments.

General Accounting which entails:

- bookkeeping for advances, payments, returns, banks, collections, etc.
- reconciling bank accounts
- reconciling reports from computer center, manual records, comptroller's office, and treasurer's office
- reserving funds
- allocating costs to appropriate accounts

Collecting monies owed to the Department from:

- the Federal Government for payment to GR recipients transferred to SSI.
- nursing homes for downward retroactive rate adjustments.
- medical providers for incorrect billings.
- all vendors for incorrect overpayments by the Department.
- parents of children in the care of the Department for child support.
- the Federal Government for care of foster children.
- insurance companies for their obligation to pay medical expenses for certain recipients.
- rest homes for overpayment due to SSI payments.
- estates of deceased recipients.
- fraud recoveries.
- recipient overpayments.

Responding to vendor inquiries, a function shared with other Department offices.

Major accomplishments during FY'78:

- Reconciling the cash balances of the Department with the records maintained by the Treasurer.
- Automating the record keeping of and reporting on money owed the Department.
- Setting up an automated system which quickly paid 1500 disaster victims over \$3 million.
- Setting up an automated system to quickly pay food and fuel vouchers given out during the blizzard of '78.
- Increasing the processing speed of replacing lost and stolen checks.
- Developing an employee performance evaluation system.
- Collecting over \$5 million dollars from nursing homes due to retroactive rate decreases.
- Speeding-up, in conjunction with the Office of Management Services, the processing speed of retroactive rate increases for nursing homes.
- Setting up a mechanism to pay rest homes retroactive rate increases.
- Designing a model contract for Food Stamp issuing agents .
- Implementing new selection criteria for Food Stamp issuing agents involving minimum levels of bonding and insurance.
- Collecting over \$0.5 million in shortages from Food Stamp issuing agents.
- Establishing improved procedures and controls for issuing manual checks.

III. THE OFFICE OF FEDERAL REVENUE

The Office of Federal Revenue is responsible for all financial dealings with the Federal Government, including the reporting of Departmental expenditures eligible for federal reimbursement; projecting future spending and securing advances of federal funds; determining the amounts to be transferred to the Commonwealth treasury each week from the Federal Reserve Bank; serving as liaison with Federal auditors; and attempting generally to maximize revenues and minimize audit exceptions. Federal reimbursements received by the Department in FY'78 totaled \$699 million; \$4 million was from the U.S. Department of Agriculture and \$695 million from the U.S. Department of Health, Education and Welfare.

In addition to the ongoing activities cited above, the Office of Federal Revenue developed a system to identify Departmental expenditures for the care of children in group residential facilities which qualify for reimbursement under the federally-assisted Title XX Social Services program and Title IV-A AFDC-Foster Care program. In addition, the Department's personnel coding system was refined to assure accuracy of salary assignments by cost center, the Department's cost allocation plan was revised to comply with HEW audit recommendations and changes in Departmental operations, and procedures were established for more accurate monitoring of all federally reimbursable expenditures.

Child Support Unit

The Office of Finance developed and implemented a more comprehensive accounting system for identifying Probate and District Court expenditures eligible for reimbursement under the federal Child Support Enforcement Program (Title IV-D). Refinements made in FY'78 included the enlarging of the system to include more district courts under cooperative agreements and a more precise accounting of effort.

The Child Support Unit's principal function is to obtain support payments from absent parents of families receiving benefits through the AFDC program. This Unit became part of the Office of Finance in FY'78. In FY'78, support receipts collected from absent parents totaled \$25,877,954. This total established Massachusetts' collection program as the most cost-effective one in the nation, yielding \$5.46 for every dollar expended in the collection process.

The Child Support Units' success is due in large part to the highly cost-effective use of "Phone Power." The "Phone Power Project" uses telephone collection techniques employed by private businesses as a mechanism for locating non-supporting parents; it is staffed by seven CETA workers. The annual cost of the "Phone Power Project" was approximately \$3,000 in state funds, which was more than offset by the \$21,000 of monthly support payments collected. This program, the first of its kind in the welfare system, received national attention in June, 1978, when its successful operations were documented in a demonstration film produced by American Telephone and Telegraph. Massachusetts has also been selected by HEW as a demonstration site for a \$2.5 million computer system which will improve child support case management and collections.

IV. BUSINESS AGENT'S OFFICE

Located within the Office of Finance, the Business Agent's Office is that central unit responsible for a number of day to day administrative tasks necessary for the continued operation of the Department. The major areas of activity include the negotiation and finalization of all space rental agreements; the purchase, distribution, and inventory of all equipment and administrative expenditure record keeping; and the provision of security for both central and field offices.

Chapter Eight
THE BUDGET OFFICE

I. OVERVIEW

The Budget Office is responsible for preparing and analyzing the Department's annual budget request to the legislature, forecasting and monitoring the Department expenditures and analyzing the cost implications of proposed policy changes. The office consists of 13 staff members assigned to each of the major program areas (Medical Assistance, Assistance Payments and Social Services), personnel, and contracts. The staff prepares monthly expenditure reports summarizing expenditures and forecasting trends, analyzing the fiscal impact of all program options and proposed policy changes, and represents the Department to the Executive Office of Human Services, the Executive Office of Administration and Finance, and the legislature in budget matters.

II. PROJECTS IN FY'78

In addition to the ongoing activities cited above, the Budget Office undertook the following projects in FY'78:

- prepared savings estimates of Department cost-savings projects for Governor's Management Task Force and issued quarterly reports on the Department's progress in achieving cost-savings.
- initiated, analyzed, and participated in the development of consolidation of nursing home eligibility operations.
- analyzed fiscal and policy impacts of major court cases including those involving Project Good Health (Vega case), Medicaid eligibility (Lemanski and Chenet case), and AFDC eligibility (Westcott case).
- analyzed the fiscal impact of program proposals developed through the Area Strategy process, an effort to assess and coordinate the availability of comprehensive human services across the state.
- analyzed equity and efficiency of staffing and resource allocations at Regional and CSA levels.
- prepared the documentation and analysis necessary to obtain funds from the legislature for protective services staff to meet the increased demand for child neglect and abuse services; planned and implemented staff recruitment and allocation.

- prepared fiscal analysis of state/local social services cost-sharing project which allows municipalities to increase their social services by paying 50% of the cost.
- helped to develop the statewide 24-hour hotline for reporting suspected cases of abuse or neglect.
- prepared for the National Governors' Association a detailed analysis of the President's National Welfare Reform proposal; this effort involved working with related staff in the U.S. Congress, the Executive Branch, and the National Governors' Association.
- worked with coalition of states to determine federal fiscal liability for eligibility errors committed by the Social Security Administration in their SSI and Medicaid eligibility determinations.
- analyzed the relative effectiveness of Department field offices according to AP performance indicators.
- computerized the information required by Executive Office of Human Services and A&F for the authorization of contracted social services.
- conducted study for the Governor of the dynamics of the AFDC caseload and its relation to the state of the economy.

OFFICE OF ADMINISTRATIONI. OVERVIEW

Prior to FY'78, the Office of Administration comprised four units: Personnel and Payroll, Labor Relations, Policies and Procedures, and Child Support Enforcement. In addition, the office was responsible for Affirmative Action and the CETA program. In September, 1977, several organizational changes were made in response to recommendations made by the Governor's Management Task Force in 1976. Policies and Procedures was transferred to the Legal Division, and Child Support Enforcement was shifted to the Office of Finance. At the same time, Administration, Finance and the Office of Management Services were grouped under the Associate Commissioner for Finance and Administration.

II. PERSONNEL AND PAYROLL

Department staffing increased from 5460 to 5650 during FY'78, due chiefly to the filling of new positions in the Food Stamp, Child Support Enforcement, Social Services, and Medical Assistance programs. More than 400 additional personnel were employed during the year under the federally-subsidized CETA program.

Several significant improvements in Department personnel management were made this year, including the following:

Central Office Personnel Budget Review

The Vacancy Review Committee (VRC), of which the Assistant Commissioner for Administration and Affirmative Action Manager are members, was established in 1975 to control Department personnel spending by approving the filling of all but caseworker and supporting clerical positions. Personnel budgets for each local, regional and Central Office unit were developed at that time, and adjusted annually thereafter. In FY'78, the VRC undertook a comprehensive analysis of Central Office staffing: each division prepared a budget request showing its functions, by priority, and the staffing believed necessary to perform them. Department personnel funds and positions were fixed for the year. The budget review, therefore, was intended to prompt managers to analyze and prioritize their divisions' functions and staffing needs, and to permit a reallocation of existing resources among Central Office units based upon their relative needs.

VRC Staffing Reports

During the year, monthly reports were initiated showing staffing targets by region within the Assistance Payments and Social Services programs. The guidelines are based upon caseloads and the Department's programmatic priorities. Thus, the Social Services monthly report shows the minimum and maximum number of positions to be filled in seven categories, such as Protective Services, Generalist Worker, and Homefinder. The number of positions currently filled is shown

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as are the number of positions to be filled or vacated to reach the minimum and maximum levels. The reports are designed to assist field managers to most effectively allocate new staff or reassign existing personnel. The Budget Office late in FY'78 further developed this report series to display the program staff by Community Service Area Office, rather than simply on an aggregated, regional basis.

Classification Study

In March, 1977, a statewide classification study was initiated under the direction of the state Division of Personnel Administration. The first phase encompassed a detailed review of all managerial positions, to provide data for a new classification and salary plan. Analysis of the 315 managerial positions in the Department was completed by September, 1977.

The second phase of the study, affecting approximately 5300 non-managerial positions, was launched in January, 1978. By the end of the fiscal year, questionnaires and sample interviews had been completed for nearly 3500 case-carrying and supervisory personnel. In addition to its use in developing the statewide classification plan, the information gathered was utilized by the Department in updating job specifications, defining the content of Civil Service examinations, and identifying areas of need for staff development.

Managerial Performance Evaluation

The Department worked with representatives of other Human Services agencies during the year to develop a performance evaluation system for all managerial personnel in the agency. Chief accountabilities for each manager will be defined by the manager and his or her supervisor, drawing upon the recently-completed classification study profiles. Performance will be measured in such areas as problem-solving, job knowledge, leadership, communications skills, and productivity. The evaluation system will be instituted in FY'79, at which time a related instrument for non-managerial personnel will be developed.

Automated Personnel/Payroll System

In order to expedite the processing of personnel and payroll actions, and to facilitate the generation of data needed for position and expenditure control, labor relations and affirmative action, the Department has long advocated a statewide automated personnel system. The Department worked with other Human Services agencies

in FY'78 to define user needs and the technical specifications of such a system. By June, 1978, this process had been completed, and the Executive Office of Human Services was preparing to solicit bids on the system's development.

III. AFFIRMATIVE ACTION

The Office of Affirmative Action is responsible for ensuring fair and equal treatment of all persons employed by the Department and its contractor agencies. The Affirmative Action Manager monitors implementation of the agency Affirmative Action Plan, and applicable Equal Employment Opportunity regulations, investigates and attempts to resolve EEO-related employee complaints, and recruits and refers candidates for employment. Major activities during the past year included the following:

Affirmative Action Incentive Plan

In an attempt to encourage the recruitment and promotion of minority personnel in Central Office, the Commissioner in FY'78 approved an experimental incentive plan to be administered by the Affirmative Action Manager and Vacancy Review Committee. The plan provides that the cost of any Central Office position filled by a minority person, whether a new hire or a promotion, is not charged to the respective unit for the first twelve months that the individual occupies the position. After the end of that period, the cost is counted against the unit's spending plan.

The incentive plan was implemented in November, 1977, and by the end of the fiscal year, Central Office units had made 39 new hires or promotions. Additional eligible hires or promotions were not reported for credit, either because the position by nature was likely to be filled by a minority (such as in the Hispanic-Portuguese Program Unit), or because the office chose not to apply.

Bi-Lingual Staffing

The Department has arranged with Civil Service to designate 99 caseworker positions as bi-lingual. The Hispanic-Portuguese Program Unit is authorized to administer Civil Service language proficiency examinations for persons applying for these positions. During the year, the number of filled bi-lingual positions increased from 45 to 75. Additional bi-lingual caseworkers were identified who presently occupy positions other than those designated as bi-lingual. A major effort was made in FY'78 to ensure that all persons in the bi-lingual positions in fact have passed the agency language exam, and to recruit additional bi-lingual workers in appropriate work locations.

"3 + 3" Rule

In January, 1978, the Governor approved Civil Service Rule 14, which provides that one-half of all names certified for appointment be minorities or members of other groups designated as protected. The Department had taken the lead in proposing this change in the certification procedures, to afford the agency greater opportunity to meet affirmative action objectives within the Civil Service system. The new Rule 14, popularly known as "3 + 3", became effective March 1, 1978, and extends for two years.

Department Staffing

Outreach and recruitment efforts were increased in FY'78, with special emphasis on the filling of new positions approved by the Legislature. In 1976, 6% of the Department's employees were minorities: the figure rose to 7.6% in 1977, and to 9.2% in 1978. The agency Affirmative Action Plan contains minority staffing targets geared to the population served within each region. The targets range from 6% (New Bedford, Lawrence, and Worcester regions) to 22% (Boston region). Minority staffing at the end of FY'78 varied from 3.4% (Worcester) to 20.4% (Boston).

A major focus of the Office of Affirmative Action late in FY'78 was revision of the Department's Affirmative Action Plan, to update and refine the analysis of staffing needs, revise the targets, and address specifically the status of women in the agency at Job Group 17 and above. The Department participated in an interagency task force on minority recruitment established in response to Culbreath v. Dukakis, and staffing targets for agency offices within the Boston metropolitan area, the focus of the suit, were developed. Revision of the Affirmative Action Plan was delayed by turnover in the Office of Affirmative Action, but it is expected that the Plan will be completed early in FY'79.

IV. LABOR RELATIONS

The Labor Relations Unit represents the Department's interest during collective bargaining sessions, oversees day-to-day administration of the resulting union contracts, and conducts "Step 3" of the grievance procedure.

The Department began FY'78 with a 3-year collective bargaining agreement between the Commonwealth and the Alliance, representing 4500 Department employees. Negotiations between the Commonwealth and the National Association of Government Employees, representing 250 agency employees, began in May, 1978.

During the year, the Labor Relations Unit conducted training sessions for Department managers and supervisors on the terms of the collective bargaining agreement and on the administration of the contract. During the same period, 207 employee grievances were processed at Step 3 by the Labor Relations staff. FY'78 saw a significant increase in the number of grievances filed for arbitration. The Department was involved in 30 arbitrations involving working conditions, discipline, and issues relating to promotions and workload. In addition, Labor Relations staff represented the Department before the Civil Service Commission and Personnel Administrator on disciplinary, employee status, and classification issues..

The Department continued in four local welfare offices during the year the implementation and analysis of Coopers and Lybrand productivity measures for Assistance Payments workers. A number of meetings were held with the Alliance regarding the statewide implementation of the productivity system, but agreement on the standards was not reached, and it was determined that the issue would proceed to arbitration.

V. CETA

The CETA (Comprehensive Employment and Training Act) Program provided the Department with a substantial number of employees in various program areas during FY'78. The total number of CETA personnel working in the Department at the start of the year was approximately 400. In September, 1977, the Department received an additional 145 positions for the Food Stamp Program, increasing the number of CETA personnel in that program to 240. In addition, the agency submitted proposals successfully under the CETA project mechanism which resulted in the securing of 80 positions in the areas of the Child Support Phone Power Project, Protective Services, administrative and clerical support, the Supplemental Security Income program, Food Stamps, and other Social Service program areas.

The Department currently has approximately 450 CETA positions filled, and expects to maintain that level of CETA staffing during the coming fiscal year.

Chapter Ten

OFFICE OF MANAGEMENT SERVICESI. Overview

Data processing-related projects and services to the Department are provided by the Office of Management Services (OMS). Information pertaining to recipient eligibility for financial assistance, food stamps, medical assistance and services is computerized, and assistance checks, authorizations to purchase food stamps, and Medicaid I.D. cards are produced automatically on a regular basis. Vendors of medical care and social services are also monitored and paid by computer.

There are a great variety of special services and management reports required by program (user) areas of the Department. In FY'78, the decision-making mechanism was reorganized so as to provide more input from users while at the same time providing for the review of Departmental computer priorities by top management. Thus, the User Committee (consisting of representatives of OMS and users) reviews requests for computer use by users and approves (or denies) requests based upon their priority. The Priority Review Committee (consisting of the Deputy Commissioner, the Associate Commissioner for Administration & Finance, the Assistant Commissioner for Research and Planning, and the Director of OMS) serve as a steering committee, defining OMS priorities in conjunction with the Department's objectives and allocating human resources.

Computer analysts and programmers are assigned to each new project, as it is deemed a priority. They determine with the user what information is being sought, whether it is currently available from the computer files, and how it should best be produced. When the Department decides to contract with a private company to provide data processing services, OMS is involved in specifying the requirements for this work and in monitoring contractor performance.

II. COMPUTER CENTER

The OMS Computer Center is located in the John W. McCormack State Office Building, One Ashburton Place, Boston. Major efforts to upgrade the Department's technical capability during FY'78 included:

Conversion from a DOS to an OS Operating System*

Several factors led to the Department's conversion from a DOS computer operating system to an OS environment.

*IBM's DOS (Disk Operating System) is a computer systems control set of programs which manage the system hardware devices including core memory, disk drive devices, tape drive devices, line printers, card readers, and card punches. Large computer systems have the capability of running more than one computer program concurrent with other computer programs, in effect giving the computer user the availability of multiple computers with in reality only a single computer main-frame memory. This capability is provided by the operating system. IBM's DOS is a now outmoded Operating System that has been supplanted by OS. OS provides a myriad of additional systems functional capabilities not available in DOS.

The enhanced capabilities of OS over DOS are:

- better control over data files.
- less manual intervention required of computer operators.
- better availability of software packages for improving computer productivity.
- better availability of a back-up computer installation in the Boston area operating under OS than DOS.

Conversion began in early 1977. Virtually every existing system required conversion, which involved a significant programming effort. To date, all major systems have been converted and the OMS staff has received extensive training in the uses and application of OS. Due to the complex nature of the conversion effort required for the Vendor Payment System (VPS), as well as the fact that MMIS will replace the VPS system entirely, the VPS system was not converted to OS. The few remaining small systems will be converted in FY'79.

Upgrading to an IBM 370/148 Computer

In April, 1977, the Department chose to upgrade the computer Central Processing Unit (CPU). With this upgrading, yearly costs would decrease by \$15,000. Internal CPU speed would be increased significantly, allowing for a higher volume of processing work per shift as well as the expanded use of OMS' computer by other state agencies. Currently, 18% of the Department's computer production is used by non-DPW agencies: Department of Public Health, Mass. Rehabilitation, Mass. Commission Against Discrimination, Department of Mental Health, Teachers Retirement Board, Division of Youth Services. Finally, this upgrading would provide increased amounts of internal core and would thus allow the Department to recapture some systems currently being maintained on a contractual basis. In the fall of 1977, the OMS computer center was upgraded to an IBM 370/148.

Acquisition of the "EASYTRIEVE" Report Generator

At the end of 1977, OMS acquired the EASYTRIEVE Report Generator and its associated library. EASYTRIEVE is a versatile, easy-to-use information retrieval and data management system designed for IBM 360/370. In the past, special report requests had to be delayed or denied due to the amount of programming time required. With the acquisition of EASYTRIEVE, however, OMS has gained the ability to generate special reports in the least possible time. During FY'78, EASYTRIEVE was utilized to generate a variety of reports for Users as well as OMS personnel. The use of EASYTRIEVE is expected to increase in FY'79.

Purchase of Existing Magnetic Tape Drives

A comprehensive cost analysis of the magnetic tape drive, which the Department currently leases, was undertaken in July 1977. It was concluded in October 1977 that the Department could save hundreds of thousands of dollars over time if the Department purchased the tape drives instead of leasing them. In FY'78, OMS began the process which will lead to the purchase of these tape drives in FY'79.

Acquisition of On-Line Terminals for Program Development

OMS programmer/analysts presently create and execute computer programs through a deferred-batch mode. This means that the programmer/analyst must submit the test program after each modification is made and await the printout to determine if any additional modifications must be made. This is a time consuming process which inhibits the programmer/analyst's ability to complete a computer program. Therefore, in an effort to allow for more rapid program development, OMS plans to acquire 15 on-line terminals which will be utilized by the programmer/analysts for program development.

Computer Job Accounting System

A Job Accounting System is a system which keeps track of all computer programs executed by the computer. Reports generated through a Job Accounting System are important to all levels of data processing management in the analysis of computer utilization, in the improvement of operational productivity, and in determination of costs for projects. During FY'78, OMS made significant improvements in its job accounting systems. Daily, weekly, monthly, and quarterly reports provide information on computer system utilization and cost: by programmer, by system, by computer devices, by program, by day, by week, by type of program. During FY'79, OMS plans to further develop the Job Accounting System and generate additional management reports.

III. MEDICAL CLAIMS CONTROL CENTER

The Medical Claims Control Center (MCCC) in Westboro, along with two private contractors, currently processes Medical claims. MCCC receives and processes for payment the claim forms of hospitals, long term care facilities and physicians. In FY'78, MCCC processed 5.5 million claims which amounted to \$554,000,000 in Medicaid Expenditures.

MCCC provides state-wide distribution of certain Assistance Payments and Social Services forms. Additionally, MCCC distributes supplies in both the Worcester and Springfield Regions; provides courier service to certain CSA's; and maintains archival and storage facilities for the Department.

MCCC also provides data entry support services for Departmental projects as well as other Human Services agencies. During FY'78, MCCC provided over 1200 man hours of effort in the completion of 18 Departmental projects for the Office of Research and Planning, the Cost-Effectiveness Project, the Case Management Grant, and the Boston Protective Rents accounts payable project. Additionally, during FY'78, MCCC provided over 1,000 man hours of effort in the completion of mailing over 300,000 items for the Department and other Human Services agencies.

During FY'78, MCCC developed an Accounts Payable System for Health Maintenance Organization (HMO) providers which provides increased efficiency for claims processing; enhanced the Nursing Home Retro-active Payment System which reduced claims processing time substantially; and completed a series of Old Bill Projects.

Because of the impending Medicaid Management Information System (MMIS) contract to operate the Medicaid Program, MCCC actively began phasing down during FY'77. Non-Medical and Purchase of Service claims processing was transferred to the Data Entry Unit at 43 Hawkins Street, Boston. During FY'78, MCCC reduced staff by 18% and MCCC is planned to be phased out during FY'79 and FY'80.

IV. 43 HAWKINS STREET - DATA ENTRY CENTER

In the planned phase-out of the Medical Claims Control Center during MMIS acquisition, several data entry applications were transferred to the 43 Hawkins Street Data Entry facility. This downtown Boston facility performs all eligibility-related data entry for the Boston and Greater Boston Regions plus all data entry of Social Services and Non-Medical Vendor Payment Systems transactions. Most miscellaneous special data entry projects for the Department and other Human Services agencies are now handled by this unit.

V. SYSTEMS AND PROJECTS

During FY'78 there was major system work done in several areas.

Medicaid Management Information System (MMIS)

During FY'76, planning commenced on the development and operation of a Medicaid Management Information System (MMIS) which would meet federal standards for cost reimbursement. An Advanced Planning Document (APD) and a Request for Proposal (RFP) to procure the development and operation of the system were prepared. The objective of the procurement effort was to replace the several existing medical vendor payment systems operated both by outside contractors and the Department of Public Welfare with a single highly sophisticated system to process and pay claims. The benefits derived from implementing MMIS will be the savings realized in program costs and in increased federal reimbursements for the costs to develop and operate the system when it has been certified by HEW.

The RFP, with HEW approval, was issued on September 30, 1976. Five proposals were received. After a review of proposals submitted, the MMIS contract was awarded to Pilgrim Health Applications, Inc. (PHA), a wholly-owned subsidiary of Arthur D. Little, Inc. (ADL), in Cambridge, Massachusetts.

In FY'78, the OMS staff assigned to the maintenance of Vendor Payments System programs commenced work directed at the correction of deficiencies in current applications. This effort will continue during FY'79.

Upon the signing of the MMIS contract, OMS will serve in an advisory capacity for technical consultations. Additionally, OMS will assume line responsibilities under the direction of the Medical Division, which is responsible for the project management of MMIS.

Long Term Care Recurring Income Project

Department policy makes specific reference as to what portion of a client's monthly income may be retained for personal and special needs when they enter a Long Term Care Facility (Nursing Home or Chronic Hospital). The remainder of that income is then to be paid, by the client, directly to the facility, thereby reducing the amount that a facility can bill to Medicaid. This project supplies a means by which this policy can be enforced.

Specifically, the goals of this project assure that:

- no payment be made unless the Department and, where appropriate, the Social Security Administration, is notified in a uniform and timely manner of a client's admission to a Long Term Care Facility.
- the Department, and where appropriate, Social Security, have an opportunity to evaluate the level and disposition of client's income (in relation to his living arrangement).
- providers of such care are furnished with uniform and timely notice regarding what "Patient Paid Amounts" are, as well as the fact that cases have been properly set up to accept the balance of per diem costs for such care.
- the provider does in fact deduct the appropriate amount from monthly billing.
- through various file match and inquiry activities, all potential income is identified and evaluated.

Each of the above listed goals were satisfied through the completion of this effort, which resulted in an annualized savings to the Medicaid program in excess of \$4,000,000.00. In addition this project helped the Department to ensure a timely reduction or termination in Supplementary Security Income payments to institutionalized recipients.

Purchase of Service System (POS)

The Purchase of Service System (POS) maintains a file of service authorizations for payment of Chore, Group Care, Foster Care, Emergency Shelter and Tuition services. The system also maintains a file on providers of services for the above programs, Quarterly Clothing Grant allowance payments, Social Service Medicaid Cards, and Medical Extracts.

Major Systems Development

Provider File Maintenance System

OMS, during FY'78, began a complete re-write of the Social Service Provider Maintenance System which is scheduled for completion in early FY'79. The re-write was necessary in order to:

- accept new data elements

- perform more stringent edits on all required data elements
- provide homefinders with additional and more accurate information on providers and
- generate Foster Care Group Care Placement and Statistics reports.

The new Provider System was designed to include the generation of turnaround documents which will minimize errors on future changes and provide a document for the provider folder.

Foster Care Child Placement Reporting System

During FY'78, OMS designed a reporting system on Foster Care, Group Care, Group Care Placement (with vacancies and overcrowded homes) and Statistical Summaries. The additional data added to the provider record and the reliability of the data will allow this system to produce placement reports for the Home Finding Units to better manage and administer placement of children in foster homes. Similar Group Placement reports will assist the Group Care Unit in monitoring their facilities. The placement reports will indicate homes/facilities that have vacancies, the types of children that can be placed in homes/facilities (males, females, age range, etc.), children, marital status, religion, etc., counts of number of approved homes, slots and vacancies, and counts of children by age, sex, legal status and service code.

Major Systems Improvements

Payment History File Expansion

OMS, during FY'78, re-created the Invoice Payment History file, adding payroll dates. This change enabled the printing of provider payment profiles and the improvement of duplicate payment detection.

Duplicate Payments Detection

In FY'78, OMS modified the Invoice Payment module to improve the logic for duplicate payment detection. In FY'79, additional modifications are under way to further tighten the duplicate payment detection logic.

Automatic Closings

OMS, during FY'78, modified the POS-8 maintenance cycle, improving the logic on automatic closings of service authorizations. The automatic closing feature is required to insure against making duplicate payments for the same client for the same period of time.

Future Projects

SSMIS Analysis

OMS, at the end of FY'78, sought documentation from various states on their computerized Social Service Management Information Systems (SSMIS). OMS has been reviewing the documentation received and preparing notes on which states may have a system that could be considered as a possible transfer to the Commonwealth of Massachusetts. This information will either be used by OMS in preparing a design of the SSMIS or will be presented to the newly created Department of Social Services to aid in developing its SSMIS.

Automatic Payment Suspensions

OMS, in FY'79, plans a major revision to the automatic Foster Care Payment System which will terminate payments based on the ending date of service (with automatic closing of services authorizations as of ending date) to avoid possible overpayments to foster parents when a child is no longer in the home. A report will also be produced on retro-closings to list the amount of overpayments made.

Financial Management Control System (FMCS)

Records of eligibility for Assistance Payments, Medicaid and Food Stamp Programs are currently maintained and updated on computer files and corresponding program benefits - assistance checks, Medicaid ID cards, and authorizations to purchase food stamps - are issued regularly from the OMS computer installation through the Financial Management Control System (FMCS). Currently, FMCS maintains eligibility and issues benefits to approximately 141,000 cash assistance cases, 358,000 medical assistance cases, and 171,000 Food Stamp cases.

Originally designed as a check issuance system for Boston recipients, this system has gone through many major modifications and hundreds of lesser changes. In FY'78, OMS embarked on a project to upgrade the FMCS system. First drafts of the requirements definition and project plan were completed. In FY'79, OMS will finalize the requirements definition and the project plan. An RFP will be prepared

and issued for the purpose of selecting a vendor to implement the project plan and install the new system. During FY'79, OMS will continue to make necessary modifications to FMCS to satisfy legislative or regulatory changes and changes made necessary as the result of court orders.

The new upgraded system will include the following major objectives:

- certification by HEW for MMIS so that the Department can secure maximum Federal reimbursement for development of MMIS and processing of claims as well as related savings in medical program costs.
- elimination of inadequacies of the current system.
- minimization of manual procedures and handling.
- reduction in staff time for taking corrective action and a corresponding decrease in overpayments.
- reduction in error rate by automating functions which are error prone as currently performed.
- a system design which will permit timely expansion of modifications with predictable results
- prevention of duplicate issuance of MA/ID Cards which could be used by unauthorized individuals.

Case Administration and Management System (CAMS)

The Case Administration and Management System consists of a series of improvements made to the recipient system (FMCS) to capture, report and monitor all case activity from the time the first eligibility action is taken until assistance is terminated. This includes reporting the status of all case and dependent data, benefits issued and determining actions or reviews required by case workers. The CAMS provides local, regional and central office field operations management with the information required to monitor assistance payments case activity. It also assists case workers by providing them information for monitoring and scheduling case-work.

The CAMS was initially implemented in FY'77. During FY'78, three reports were developed and implemented. The FOR-1 report is a summary by case worker which profiles the characteristics of his/her caseload and transaction activity. Similarly, the FOR-3 report is a summary by office which profiles the characteristics of selected data for all Ongoing Case Units. The FOR-2 is a list by case worker of the cases assigned the highest priority for scheduling redeterminations during the coming month.

During FY'79, profiles for intake units (FOR-5), mixed function units (FOR-6), food stamp units (FOR-7), and time interval measurements for determining eligibility and issuing benefits (FOR-4) will be developed. Additional profiles will be considered as the need arises.

Financial History Subsystem

During FY'78, a financial history and inquiry subsystem was developed and implemented as an extension to the existing recipient system (FMCS). Its purpose is to provide a single accurate source file for all cash payments made to recipients, non-medical payments made on their behalf and any adjustments to these payments for checks not received and/or redeposited, etc. Initially, this history file is being accessed via inquiry to obtain financial history reports for recipients and time periods specified by the user. These reports are used by regional legal staff in the settlement of lien and assignment actions, by Office of Finance for determining the amount of General Relief payments to be deducted from initial SSI recipient checks, by the Welfare Audit Bureau for fraud investigations, and by certain field staff whose function requires access to recipient payment history.

Financial history data for recipients will be maintained in a manner corresponding to the way similar data is maintained on the Vendor Payment System medical payment history file. Commencing with FY'79, all financial transactions on a case will be cumulated for the entire fiscal year (July thru June) on one file. A separate file will be maintained for each fiscal year. Inquiries may specify one or more fiscal years of history required. Also, various control mechanisms have been incorporated into the processing to ensure that only authorized users have access and that output reports are delivered to the proper requestor.

Appeals Information Management System (AIMS)

AIMS was implemented in FY'78. It was designed to improve Division of Hearings (DOH) operations which had become paralyzed by the increasing number of appeals being filed. The system monitors compliance with state and federal regulations and automatically produces the annual Federal Report which had previously been prepared manually at an inordinate expense. Cost allocation figures for federal reimbursement are also obtained from AIMS.

AIMS tracks appeals from receipt at DOH through final disposition. Critical management reports are used by the Director of DOH to measure referee activity and performance. Also, the AIMS reports enables DOH to be responsive to inquiries from appellants, field staff and other interested parties.

AIMS is an integral part of timely case closings by the Department. During FY'78, the error rate on case closings was reduced from over 33% to under 10% with an estimated annual program savings of over \$2.5 million. Over 15,000 appeals were monitored through AIMS during this year. AIMS was also used to produce special reports made necessary as the result of several court orders. It is estimated that computerized preparation of such reports saved over 300 man hours of manual preparation.

In FY'79, the system will be modified to monitor compliance with Federal and State Regulations on timeliness of appeals disposition. In compliance with a court order (Henry vs. Sharp), additional AIMS reports will be developed which monitor field performance in implementing appeals decisions.

Enumeration

In order to comply with federal legislation which mandated that every member of an AFDC family have a social security number (SSN), the Department commenced its Enumeration Project in January, 1977. This process consisted of obtaining an application and verification of birth date for every AFDC recipient, including all dependents, who did not have an SSN; submitting these applications to the Social Security Administration (SSA) for the assignments of SSN's; and verifying the SSN's of recipients who already had an SSN.

During FY'78, computer tapes of AFDC recipients with SSN's already on the Department's master file were sent to the Social Security Administration in Baltimore for verification. Tapes sent back from Baltimore consisted of verified and newly assigned numbers. Over 250,000 AFDC recipients were enumerated.

Enumeration was terminated as a special project before June, 1978. All applications for SSN's are now handled by intake workers for new or reopened cases and entered directly into the recipient system (FMCS). The Department's master files were, and will continue to be, updated automatically with tapes of the new and verified SSN's received from Baltimore. No further work on Enumeration is planned.

Food Stamp System

The Department administers and operates the federal Food Stamp Program in accordance with regulations and instructions issued by the U.S. Department of Agriculture. Eligibility data for Public Assistance (PA) and Non-Public Assistance (NPA) cases is entered

into the recipient system (FMCS) by field workers. The Food Stamp System issues Authorization-to-Purchase (ATP's) food coupons to each eligible household every month and reconciles all ATP's redeemed by recipients, including those issued over-the-counter in local offices and those centrally issued each month. This system also generates various reports for Federal reporting purposes as well as local, regional and central office needs.

In December 1977, the Department implemented an automatic system for recertification of NPA households. When an NPA household is due to be recertified, both the case worker and the recipient are notified. If the worker does not recertify the case before the current certification period expires, the food stamp case is automatically terminated. An average of 10,000 NPA food stamp cases are closed each month by this automatic recertification system. There has been a net reduction of 13,000 NPA cases since this system was implemented. Since the federal government pays for 100% of the food stamp costs, the state has not experienced any savings from this reduction in cases. However, the state has benefited by a corresponding improvement in the quality control error rate measurement and, thereby, avoided the financial sanctions which USDA was ready to impose because of the error rate.

By September 1978, USDA expects to promulgate final regulations in compliance with recent federal legislation for the administration and operation of the Food Stamp Program. These new regulations will significantly alter the entire program since new standards for determining eligibility and a new basis for issuing food stamps are involved. Consequently, the existing Food Stamp System will undergo substantial changes during FY'79 to implement new federal and state regulations.

Decision Insertion Mailing Systems (DIMS)

During FY'78, DIMS was developed and implemented so that all cash recipients would receive their medical ID card inserted with their first semi-monthly check along with any special notice required. This system became operational in May when the new mailing equipment commenced matching and insertion of checks and ID cards with name and address cards for the approximately 14,000 recipient cases processed daily.

DIMS accomplishes the insertion of two or more individual documents in the same envelope by printing a name and address card with codes for matching. The equipment uses a match code scheme to ensure correct insertion of each recipient's Medical ID and check with his/her name and address card. The matching technique will be used to insert other documents to either individuals or groups of recipients.

Issuance of medical ID cards with the recipient check for a 30-day period corresponding to the cash assistance eligibility interval is expected to prevent at least \$1 million annually in MA program expenditures for ineligible AFDC recipients. This savings estimate is based on an analysis of a 1975 HEW audit which identified the inconsistency between cyclical check issuance and calendar month ID cards.

The Department has also reduced administrative costs by \$22,500/month by mailing checks and ID cards together. Thus, the FY'78 administrative savings was \$45,000 and the FY'79 savings will be \$270,000. The cost of acquiring the inserter equipment and the staff effort expended to develop and implement DIMS will be recouped by June 1979, considering the administrative costs alone saved by inserting ID cards with checks. This does not include the reduced field effort now required because undelivered checks and ID cards are processed together rather than separately.

During FY'79, DIMS operation will be expanded to insert one or more of the following documents with recipient checks: a second medical ID card each month, the food stamp ATP, individualized client notices. The purpose of two ID cards per month is to make each valid for only 15 days as recommended by HEW to further limit incurring medical expenditures for terminated AFDC recipients.

Personnel Resource Information Management System and Cost Allocation System (PRIM/COAL)

The PRIM System was initially designed to provide the Department with a personnel data reporting and monitoring system. Cost Allocation was designed to provide a mechanical assist for federal reimbursement of personnel costs. It has been refined to provide more finite base salary and wage monitoring.

FY'78 accomplishments include the following:

- Developed and implemented the SA34 and SA35 Report Module to improve management control of personnel resources. This module reports Department staffing patterns by program, function and sub-function summarized at the WSO, CSA, region and statewide levels as well as by state and federal appropriation accounts.
- Developed and implemented new regional management reports to improve control of the program, function and subfunction code assignments.
- Developed and implemented four new Cost Allocation reports for improved management information on actual personnel costs summarized at the region and statewide levels.

- Developed an improved data entry program for PRIM which will become operational in FY'79.

During FY'79, additional PRIM and COAL reports will be implemented to improve the tracking and forecasting of personnel resources and expenses. The Department also expects to participate with the Executive Office of Human Services (EOHS), Administration & Finance (A&F) and other state agencies in defining requirements for a Personnel Management Information Systems (PMIS) to serve both A&F and state agencies. When this task is completed, the Department will assess what changes or replacements it will make to PRIM and COAL Systems for coupling to PMIS so that it will fully serve the Department's personnel and related cost management needs.

Distributive Data Processing (DDP)

During FY'78, OMS reviewed the current centralized data entry process while considering other options. It was determined that the Department should upgrade its present operations and install data entry terminals in local Welfare Service Offices. The introduction of these terminals at the local Welfare Service Office level will enable the Department to achieve many data processing goals not attainable with the present centralized process. On-line terminals, with processing units and disk resident master files at each Regional Office, will provide the following benefits:

- reduction of error correction cycles
- more timely openings/closings of cases
- more timely change of critical data
- local WSO on-line inquiries
- timely report generation and distribution

Additionally, the on-line terminals will be able to search the state-wide masterfile and verify whether or not a potential new case already exists elsewhere in the state. Departmental policy regulations will also be stored in disk modules at each Regional Office, providing for the dissemination or accessing of current policy through on-line communications with each local office.

During FY'79, OMS will complete the System Requirements Definition, develop a Request for Proposal (RFP) and select a contractor.

File Match Project

A major project was initiated in April 1976 to substantially reduce program costs due to eligibility errors and unidentified recipient resources. A contract was negotiated to utilize sophisticated computer software to produce a series of computer file matches for the Department.

During FY'78, the key objective of this project was achieved: namely, it was demonstrated that substantial savings can be achieved using the proposed automated matching techniques, with existing field personnel. Several file matches were performed which achieved documented savings of over \$2 million (annualized) in direct assistance costs alone. This does not include the avoidance of medical costs when AFDC and MA-Only cases were closed, recoupment of overpayments or the indirect savings resulting from public and recipient awareness that the Department is now automatically detecting resources for verification purposes. When file matching becomes fully operational and is performed regularly, an annual savings of \$5 million in program costs is conservatively projected.

Savings in program costs were achieved by matching the Department's master files for AFDC, GR, MA-Only and NPA Food Stamp cases with files from other agencies. These included unemployment compensation payment files provided by the Division of Employment Security, the Veterans' Benefits files provided by the Veterans Services Commission, the state personnel file provided by the Bureau of Personnel Administration and the Department's own personnel file.

A second objective of this project has yet to be achieved: the installation and operation of a match system on the Department's own computer facility. During FY'79, an RFP will be issued for the development and installation of a system which meets the Department's specifications for REDUCE (Reduce Errors and DUplicates and Correct Eligibility). Additional file matches for FY'79 will also be procured. These matches will be extensions of the type performed in FY'78 with the inclusion of personnel files from various city and county jurisdictions, the State Retirement Board and possibly private medical insurance carriers. Arrangements are also being made with the Social Security Administration to perform similar matches based on the SSI case files (State Data Exchange) so that both federal and state authorities responsible for the SSI program may utilize the match results. In addition, planning will commence with the Department of Revenue to exchange files for the purpose of detecting and verifying wage and interest reports which employers and banks, respectively, will be required to make in 1979.

Monthly Income Reporting

Monthly Income Reporting (MIR) is a vehicle for AFDC recipients to report changes in living arrangements and income on a monthly basis. During FY'78, OMS provided technical and consultative services to the Office of Research and Planning in writing the proposal for the MIR planning grant. During FY'79, OMS will continue to provide technical assistance for MIR and will serve as a liaison between the Department's existing eligibility system and the MIR planning effort.

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